

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000094245</b>		
1. Entity Name <b>WSA SYSTEMS, INC.</b>		
Principal Place of Business <b>501 MASON AVE DAYTONA BEACH, FL 32117 US</b>		Mailing Address <b>501 MASON AVE DAYTONA BEACH, FL 32117 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03272006 No Chg-P CRZE034 (11/05)
		4. FEI Number <b>59-3289073</b> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>RAISLER, AMY B 2800 N HALIFAX DR DAYTONA BEACH, FL 32118</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small> DATE _____		
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S SCHAEFER, SUSAN M 5750 JOHN ANDERSON HWY. FLAGLER BEACH, FL 32136</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P WEBB, RUFUS M 2800 N HALIFAX DR DAYTONA BEACH, FL 32118</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V WEBB, MARK A 42 RIVER BEACH DR ORMOND BEACH, FL 32176</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE: <i>Rufus M Webb</i> RUFUS M WEBB 3/28/06 (386) 253-1121</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		