


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90075 003 ***150.00

DOCUMENT # P95000000329		
1. Entity Name DOWNEAST SUPPORT SYSTEMS, INC.		

Principal Place of Business 3389 SW WOOD CREEK TRAIL PALM CITY, FL 34990 US	Mailing Address P.O. BOX 1893 PALM CITY, FL 34990 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02092006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0548625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BRYAN, DEAN 3389 S.W. WOOD CREEK TRAIL PALM CITY, FL 34990	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D BRYAN, DEAN <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, DEAN	NAME	79 FROST ST
STREET ADDRESS	3389 SW WOOD TRAIL	STREET ADDRESS	PORTLAND, ME 04102
CITY-STATE-ZIP	PALM CITY, FL 34990	CITY-STATE-ZIP	
TITLE	D SPUGNARDI, DENISE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPUGNARDI, DENISE	NAME	
STREET ADDRESS	3389 S.W. WOOD CREEK TRAIL	STREET ADDRESS	
CITY-STATE-ZIP	PALM CITY, FL 34990	CITY-STATE-ZIP	
TITLE	D PHOEBUS, KRISTEN <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHOEBUS, KRISTEN	NAME	3514 S.W. SAWGRASS VILLA DR
STREET ADDRESS	3994 S.W. SOLITAIRE PALM DR.	STREET ADDRESS	
CITY-STATE-ZIP	PALM CITY, FL 34990	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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 or other like empowered.

SIGNATURE: 	2/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date