


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90099 004 ***158.75

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| DOCUMENT # P95000025812 | |  |
| 1. Entity Name SYSPROD DESIGNS, INCORPORATED | | |

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| Principal Place of Business 310 SW HYDRAULIC WAY LAKE CITY, FL 32024 US | Mailing Address 310 SW HYDRAULIC WAY LAKE CITY, FL 32024 US |
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| 2. Principal Place of Business <u>300 SW Kirby Ave.</u> Suite, Apt. #, etc. | 3. Mailing Address <u>300 SW Kirby Ave.</u> Suite, Apt. #, etc. |
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| City & State <u>LAKE CITY, FL</u> | City & State <u>LAKE CITY, FL</u> |
| Zip <u>32024</u> Country <u>US</u> | Zip <u>32024</u> Country <u>US</u> |

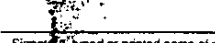


04072006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0665318 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

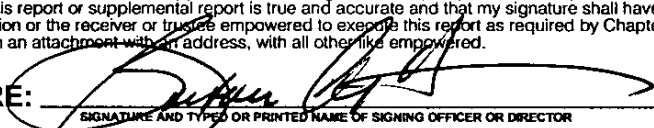
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| 6. Name and Address of Current Registered Agent ALBRIGHT, BARBARA 310 SW HYDRAULIC WAY LAKE CITY, FL 32024 | |
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| 7. Name and Address of New Registered Agent Name <u>ALBRIGHT, BARBARA</u> Street Address (P.O. Box Number is Not Acceptable) <u>300 SW Kirby Avenue</u> City <u>LAKE CITY, FL</u> FL Zip Code <u>32024</u> | |
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| 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.</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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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 NAME STREET ADDRESS CITY-ST-ZIP | PD ALBRIGHT, BARBARA 310 SW HYDRAULIC WAY LAKE CITY, FL 32024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALBRIGHT, BARBARA 300 SW KIRBY AVENUE LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ALBRIGHT, JOHN 310 SW HYDRAULIC WAY LAKE CITY, FL 32024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ALBRIGHT, JOHN 300 SW KIRBY AVENUE LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALBRIGHT, STEVEN 310 SW HYDRAULIC WAY LAKE CITY, FL 32024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALBRIGHT, STEVEN 300 SW KIRBY AVENUE LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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. | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>4/3/06</u> 386 752 0732 <small>Daytime Phone #</small> |