
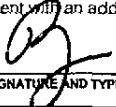


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P95000090071 1. Entity Name FUISM, INC.		
Principal Place of Business 5195 S WASHINGTON AVE TITUSVILLE, FL 32780 US		Mailing Address 5195 S WASHINGTON AVE TITUSVILLE, FL 32780 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HONEYCUTT, RODNEY M 5195 S WASHINGTON AVE TITUSVILLE, FL 32780		DO NOT WRITE IN THIS SPACE
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 signature required when reinstating) DATE</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	HONEYCUTT, RODNEY M	
STREET ADDRESS	5195 S WASHINGTON AVE	
CITY- ST- ZIP	TITUSVILLE, FL 32780	
TITLE	VTSD	
NAME	JOHNSON, WILLIAM W	
STREET ADDRESS	1670 MOUNTAIN RD	
CITY- ST- ZIP	GLEN ALLEN, VA 23060	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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.		
SIGNATURE:  Rodney M Honeycutt, Pres. 1/14/06 321 267 6233 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3349223	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

1100000393547
01/25/06-R0026-003 158.75

**DO NOT WRITE
IN THIS SPACE**