2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 19, 2006 8:00 am Secretary of State

4.17.06 407-302.9199

DOCUMENT # P95000091444 1. Entity Name DAYSTAR SYSTEMS, INC.							04-19-2006 90104 014 ***150.00				
Principal Plac	ce of Business	Mailing Address				1		-			
488 W HIGHBANKS RD DEBARY, FL 32713 US			488 W HIGHBANKS RD Heiniger - Unit 107 Debary, FL 32713 US				JAINT CHIH OSIN BOIN POK	il Como feiri ika	lit SIBIT BERTH BU	tifu ii (82)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02032006	Chg-P	CR2E03	34 (11/05)	
City & State			City & State				4. FEI Numbe 59-3350			<u> </u>	oplied For ot Applicable
Zip	Country		Zip Cour		ntry		5. Certificate of Status Desired \$8.75 Addition Fee Required				
6. Name and Address of Current Registered Agent					Name	-7:- Name and Address of New Registered Agent					
HEINIGER, JAMES L 488 W HIGHBANKS RD HEINIGER - UNIT 107 DEBARY, FL 32713					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
							00 May Be ed to Fees			•	
10.	1	OFFICERS AND DIRE	CTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE Name	CANEODO DAVIDA									☐ Change	Addition
STREET ADDRESS	2402 JEFFERSON			E Et adoress							
CITY-ST-ZIP	SANFORD, FL 32				-ST-ZIP						
TITLE	D	Delete	TITLE						☐ Change	Addition	
NAME CTRCET LEBESCO	SANFORD, DAVI		NAME:							_ ,	
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP						
TITLE	VSTD Delete IIII					Do c	5 & CE	2 4 600		Change	—
NAME	HEINIGER, JAME	SL	E Delete	NAM		11/0	; > 4 CE	~ ¢ 382	•	Change	☐ Addition
STREET ADDRESS					ET ADDRESS						
CITY+ST-ZIP					-ST-ZIP						_
TITLE NAME	!		Delete	TITLE						Change	Addition
STREET ADDRESS					ET ADORESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS	NAM										
CITY-ST-ZIP					ET ADDRESS -ST-71P			•			`:
TITLE			☐ Defete	TITLE				·····	 -	☐ Change	Addition
NAME STREET ADDRESS				NAM					-		
CITY-ST-ZIP					et address -st-zip						
12. I hereby o	certify that the informa	tion supplied with this	filing does not qualify fo	the eve	motions of	ontained	in Chanter 110	Florida Statutee 1	further certif	v that the in	tormation
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 addless, with all other like empowered.											