2007 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** Feb 05, 2007 08:00 AM **DOCUMENT # P96000005608 Secretary of State** PENTASYS CORPORATION Principal Place of Business Mailing Address 3119 VALEMOOR DRIVE 3119 VALEMOOR DRIVE PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 01222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3367335 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent HARMS, STEVE J DO NOT WRITE 3119 VALEMOOR DRIVE PALM HARBOR, FL 34685 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 Signature, typed or printed name of registered agent and title il applicable. DATE (NOTE: Recistered Acert signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550,00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE NAME HARMS, STEPHEN U000000621111 STREET ADDRESS 3119 VALEMOOR DRIVE 02/12/07-80003-024 150:00 CITY-ST-ZIP PALM HARBOR, FL 34685 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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 ceth; 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 audress, withfall other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR