2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007456

Entity Name: MAIERS SYSTEMS, INC.

FILED Apr 16, 2009 Secretary of State

6923 NARCOOSSEE RD SUITE 615 ORLANDO, FL 328225573 US

Current Mailing Address: New Mailing Address:

6923 NARCOOSSEE RD SUITE 615 ORLANDO, FL 328225573 US

FEI Number: 59-3358893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAIERS, GERALD J 6923 NARCOOSSEE RD. SUITE 615 ORLANDO, FL 328225573 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: MAIERS, GERALD Name: MAIERS, GERALD J
Address: 12088 BLACKHEATH CIRCLE Address: 12088 BLACKHEATH CIRCLE

Address: 12088 BLACKHEATH CIRCLE Address: 12088 BLACKHEATH CIRC City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837

Title: D () Delete Title: D (X) Change () Addition Name: MAIRES, JOSEPH H Name: MAIRES, JOSEPH H

 Address:
 220 MARTHA ST., PO BOX 241
 Address:
 220 MARTHA ST., PO BOX 241

 City-St-Zip:
 STEWART, MN 55385
 City-St-Zip:
 STEWART, MN 55385

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MAIERS, CHARLES
 Name:
 MAIERS, CHARLES P

 Address:
 634 EAST ST., PO BOX 66
 Address:
 634 EAST ST., PO BOX 66

 City-St-Zip:
 STEWART, MN 55385
 City-St-Zip:
 STEWART, MN 55385

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD J. MAIERS D 04/16/2009