

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90035 001 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P97000002282 1. Entity Name PALMYRA SYSTEMS, INC. | | | | | |
| Principal Place of Business 4801 SECRET HARBOR DRIVE JACKSONVILLE, FL 32257 US | | | | Mailing Address 4801 SECRET HARBOR DRIVE JACKSONVILLE, FL 32257 US | |
| 2. Principal Place of Business 12218 MESA VERDE TRL | | 3. Mailing Address 12218 MESA VERDE TRL | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02092006 Chg-P CR2E034 (11/05) | |
| City & State JACKSONVILLE FL | | City & State JACKSONVILLE FL | | 4. FEI Number 59-3422351 | |
| Zip 32223 | | Country DUVA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KENNER, PERRY 4801 SECRET HARBOR DRIVE JACKSONVILLE, FL 32257 | | 7. Name and Address of New Registered Agent Name KENNER, PERRY Street Address (P.O. Box Number is Not Acceptable) 12218 MESA VERDE TRL City JACKSONVILLE FL Zip Code 32223 | | | |
| 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: 02/14/06 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when registering)</small> DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KENNER, PERRY 4801 SECRET HARBOR DRIVE JACKSONVILLE, FL 32257 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KENNER, PERRY 12218 MESA VERDE TRL JACKSONVILLE FL 32223 | <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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| 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: PERRY KENNER 02/14/06 904-281-1900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Telephone # | | | | | |