

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90106 010 ***150.00

DOCUMENT # P98000026803

1. Entity Name
M.A.P. SYSTEMS, INC.



Principal Place of Business
**3780 BURNS ROAD SUITE 7
PALM BEACH GARDENS, FL 33410**

Mailing Address
**3780 BURNS ROAD SUITE 7
PALM BEACH GARDENS, FL 33410**

50010891



2. Principal Place of Business

651 Okeechobee Blvd

Suite, Apt. #, etc.

#710 c/o Litwinka

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

3. Mailing Address

651 Okeechobee Blvd

Suite, Apt. #, etc.

#710 c/o Litwinka

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

01262006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0821509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LITWINKA, JOHN W
3780 BURNS ROAD SUITE 7
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name **John Litwinka**

Street Address (P.O. Box Number is Not Acceptable)

651 Okeechobee Blvd

#710

City **West Palm Beach**

FL

Zip Code

33401

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

John Litwinka President

(NOTE: Registered Agent signature required when reinstating)

4/6/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DCP** ☐ Delete
NAME **LITWINKA, JOHN**
STREET ADDRESS **8889 SE COMPASS ISLAND WAY**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

John Litwinka President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06
Date

561-624-9400
Daytime Phone #