
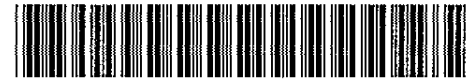


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| <b>DOCUMENT # P98000082122</b><br>1. Entity Name<br><b>PRISM SYSTEMS, INC.</b>  |  |                                 |   |                                   |  |
| Principal Place of Business<br><b>8410 NW 45TH MANOR<br/>CORAL SPRINGS FL 33065</b>   |  |                                 | Mailing Address<br><b>8410 NW 45TH MANOR<br/>CORAL SPRINGS FL 33065</b> |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address              |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |   |   |  |
| City & State  |  | City & State                    |   |   |  |
| Zip   | Country  | Zip                             | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |  |                                 |   | 7. Name and Address of New Registered Agent   |  |
| <b>ROSS, BILL<br/>8410 NW 45TH MANOR<br/>CORAL SPRINGS FL 33065</b>   |  |                                 |   | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>  |  |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |                                 |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>ROSS, BILL</b><br><b>8410 NW 45TH MANOR</b><br><b>CORAL SPRINGS FL 33065</b>      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>ST</b><br><b>ROSS, MONICA J</b><br><b>8410 NW 45TH MANOR</b><br><b>POMPANO BEACH FL 33065</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0877808** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U00000408966**  
**02/08/06-80080-007 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** William N. Ross William N. Ross 625-6 954-917-7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #