

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002112

Entity Name: XCOM-SYSTEMS, INC.

FILED  
Jul 07, 2006  
Secretary of State

## Current Principal Place of Business:

119 SE 12TH ST  
FT LAUDERDALE, FL 33316

## New Principal Place of Business:

## Current Mailing Address:

36250 DEQUINDRE ROAD  
SUITE 330  
STERLING HEIGHTS, MI 48310 US

## New Mailing Address:

22919 INDUSTRIAL DRIVE E  
ST CLAIR SHORES, MI 48080 US

FEI Number: 65-0899212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STROUP, JAMES W  
119 SE 12TH ST  
FT LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVTs ( ) Delete  
Name: STROUP, PAUL W  
Address: 119 SE 12TH ST  
City-St-Zip: FT LAUDERDALE, FL 33316

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL W STROUP

PVTs

07/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date