2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000029160

FILED Feb 21, 2006 Secretary of State

Entity Name: OPEN INTERNATIONAL SYSTEMS CORPORATION

Current Principal Place of Business:			New Principal Place of Business:			
301 BLU STE 560 MAMI, FL	E LAGOON DF 33126	२				
Current Mailing Address:		New Mailing Address:				
301 BLU STE 560 MAMI, FL	E LAGOON DF 33126	₹				
El Number	: 65-0911043	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()
lame and	d Address of (Current Registered Agent:	Name and	d Address o	f New Registered Agent:	
301 BLU	OR, WILLIAM E LAGOON DI	R STE 560				
/IIAMI, FL The above	33126 US named entity		purpose of changing	its registered	d office or registered agent, or	both
flAMI, FL he above the Stat	33126 US e named entity e of Florida.		purpose of changing	its registered	d office or registered agent, or	both
/IIAMI, FL The above n the Stat	33126 US named entity e of Florida. RE:			its registered	d office or registered agent, or Date	both
/IIAMI, FL The above n the Stat BIGNATU	33126 US named entity e of Florida. RE:	submits this statement for the nic Signature of Registered Ag	ent			
MAMI, FL The above In the Stat	anamed entity of Florida. RE: Electron S AND DIRECT CORREDOR M	submits this statement for the nic Signature of Registered Agentary	ent	NS/CHANGE D CORREDOR	Date ES TO OFFICERS AND DIRE (X) Change () Addition R M., WILLIAM LAGOON DR., STE 560	
MIAMI, FL The above In the State SIGNATU DFFICER ittle: lame: ddress:	anamed entity of Florida. RE: Electroi S AND DIRECT CORREDOR M 5301 BLUE LA MIAMI, FL 331 T (PARROTT, HE	submits this statement for the nic Signature of Registered Agentos: TORS: Delete WILLIAM GOON DR., 5TH FLOOR Delete RNANDO GOON DR STE 560	ent ADDITIOI Title: Name: Address:	NS/CHANGE D CORREDOR 5301 BLUE MIAMI, FL 3	Date ES TO OFFICERS AND DIRE (X) Change () Addition R M., WILLIAM LAGOON DR., STE 560	

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: WILLIAM CORREDOR M. D 02/21/2006