


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**


04-26-2007 90192 004 \*\*\*150.00

<b>DOCUMENT # P99000102885</b> 1. Entity Name <b>STRUCTURAL SYSTEMS, INC.</b>	
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Principal Place of Business <b>440 E SAMPLE RD STE 207 POMPANO BEACH, FL 33064 US</b>	Mailing Address <b>440 E SAMPLE RD STE 207 POMPANO BEACH, FL 33064 US</b>
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**DO NOT WRITE IN THIS SPACE**

**40082623**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0964745</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ZETWICK, CHRISTOPHER J  
1565 SE 5TH STREET  
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

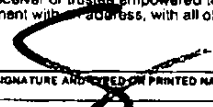
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HEGEDUS, GEORGE A \$026 MALLARDS CT COCONUT CREEK, FL 33073</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP ZETWICK, CHRISTOPHER 1565 SE 5TH STREET DEERFIELD BEACH, FL 33441</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 address, with all other like empowered.

SIGNATURE:  **3/3/07 954-781 5399**

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_