

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90113 047 ***150.00

DOCUMENT # S30027 1. Entity Name ANALOG & DIGITAL SYSTEMS, INC.					
Principal Place of Business 5050 CR 316A 5015 CR 316A BUSHNELL, FL 33513			Mailing Address P.O. BOX 1974 BUSHNELL, FL 33513		
2. Principal Place of Business 5015 CR 316A		3. Mailing Address Suite, Apt. #, etc.			
City & State Bushnell, FL		City & State Suite, Apt. #, etc.		03232006 Chg-P CR2E034 (11/05)	
Zip 33513		Country U.S.A.		4. FEI Number 59-3066921	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WOODARD, J. PAUL 5050 CR 316A 5015 CR 316A BUSHNELL, FL 33513			7. Name and Address of New Registered Agent Name Woodard, J. Paul Street Address (P.O. Box Number is Not Acceptable) 5015 CR 316A City Bushnell FL Zip Code 33513		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WOODARD, SANDRA A P.O. BOX 1974 BUSHNELL, FL 33513	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODARD, J. PAUL P.O. BOX 1974 BUSHNELL, FL 33513	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>J. Paul Woodard</i> J. Paul Woodard 4/18/06 352-793-8065 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					