


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2007 08:00 AM
Secretary of State

DOCUMENT # V10491 1. Entity Name COMPUTERIZED MOTION CONTROL SYSTEMS, INC.	
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Principal Place of Business 4491-62ND AVENUE NORTH 230 PINELLAS PARK, FL 33781 US	Mailing Address P.O BOX 21745 ST. PETERSBURG, FL 33742 US
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DO NOT WRITE IN THIS SPACE



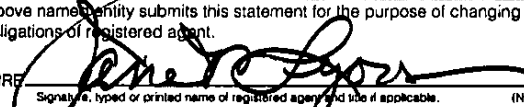
06122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3103202	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LYONS, JAMES M RA 4491 62ND AVENUE NORTH #230 PINELLAS PARK, FL 33781

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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  DATE **June 12, 2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

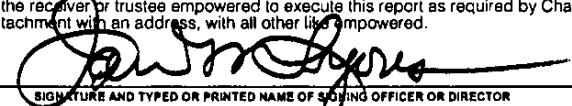
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LYONS, JAMES M. 4491-62ND AVENUE NORTH #230 PINELLAS PARK, FL 33781
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06/19/07-80001-004 158.75

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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 an address, with all other like empowered.

SIGNATURE:  DATE **June 12, 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR