

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90037 037 ***150.00

DOCUMENT # F93000003547



1. Entity Name
 KINETIC SYSTEMS, INC.

Principal Place of Business: 2805 MISSION COLLEGE BLVD. SANTA CLARA, CA 95054 US
 Mailing Address: 2805 MISSION COLLEGE BLVD. SANTA CLARA, CA 95054 US

50023965



2. Principal Place of Business: 33225 Western Ave
 Suite, Apt. #, etc.
 3. Mailing Address: 33225 Western Ave
 Suite, Apt. #, etc.

02142005 Chg-P CR2E034 (10/03)

City & State: UNION CITY CA
 Zip: 94587 Country: USA
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 Zip: 94587 Country: USA

4. FEI Number: 94-2229569
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION, FL 33324
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, Zip Code

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, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DSVS NAME: GOODMAN, JOHN STREET ADDRESS: 2805 MISSION COLLEGE BLVD. CITY-ST-ZIP: SANTA CLARA, CA 95054	<input checked="" type="checkbox"/> Delete	TITLE: SECRETARY NAME: NORMAN ESCOVER STREET ADDRESS: 33225 WESTERN AVE CITY-ST-ZIP: UNION CITY, CA 94587	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DCEO NAME: SHIMMON, DAVID J STREET ADDRESS: 2805 MISSION COLLEGE BLVD. CITY-ST-ZIP: SANTA CLARA, CA 95054	<input checked="" type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: SUHAS THAKURDESAI STREET ADDRESS: 33225 WESTERN AVE CITY-ST-ZIP: UNION CITY, CA 94587	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DCFO NAME: FERRON, JOHN R STREET ADDRESS: 2805 MISSION COLLEGE BLVD. CITY-ST-ZIP: SANTA CLARA, CA 95054	<input checked="" type="checkbox"/> Delete	TITLE: CHIEF OPERATING OFFICER NAME: ROBERT PRAGA CIA STREET ADDRESS: 33225 WESTERN AVE CITY-ST-ZIP: UNION CITY, CA 94587	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: RODERS, JUDY L STREET ADDRESS: 2805 MISSION COLLEGE BLVD. CITY-ST-ZIP: SANTA CLARA, CA 95054	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: HINOJOSA, MARLINDA STREET ADDRESS: 2805 MISSION COLLEGE BLVD. CITY-ST-ZIP: SANTA CLARA, CA 95054	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: GILSON, KURT STREET ADDRESS: 2805 MISSION COLLEGE BLVD CITY-ST-ZIP: SANTA CLARA, CA 95054	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: KURT GILSON STREET ADDRESS: 33225 WESTERN AVE CITY-ST-ZIP: UNION CITY, CA 94587	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I am empowered.

SIGNATURE: Norman Escover 3/7/05 5106756002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #