


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P35688 1. Entity Name VALDOSTA TECHNICAL SYSTEMS, INC.			FILED 06 APR -5 PM 2:02 FLORIDA STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3477 BEMOSS ROAD VALDOSTA, GA 31605		Mailing Address 3477 BEMOSS ROAD VALDOSTA, GA 31605	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3477 BEMISS ROAD Suite, Apt. #, etc.	
City & State VALDOSTA GA		4. FEI Number 58-1728547	
Zip 31605		5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOOS, MONTE 8412 RED HOLLY LANE APT. 124 JACKSONVILLE, FL 32221		7. Name and Address of New Registered Agent Name ERIC WELCH Street Address (P.O. Box Number is Not Acceptable) 1292 SOUTH EAST COUNTY ROAD 255 City LEE FL Zip Code 32059	
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 <i>Eric Welch</i> (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		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 P NAME PAULK, ASHLEY STREET ADDRESS RT. 1 BOX 520 CITY-ST-ZIP HAHIRA, GA	<input type="checkbox"/> Delete	TITLE 000070791630 NAME 04/18/06--01029--013 STREET ADDRESS **70.00 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME DENZER, FREDA STREET ADDRESS 3711 NORTH VALDOSTA ROAD CITY-ST-ZIP VALDOSTA, GA 31602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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>Freda Denzer</i> FREDA DENZER		3-39-06	229 244-3796
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>