2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001528

1. Entity Name

ITSI-INNOVATIVE TECHNICAL SOLUTIONS, INC.



FILED Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

2730 SHADELANDS DRIVE, STE. 100 WALNUT CREEK, CA 94598

Mailing Address

2730.SHADELANDS DRIVE, STE. 100 WALNUT CREEK, CA 94598



01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 94-3204374

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221-E PALM BEACH GARDENS, FL 33410

DO NOT	WRITE
IN THIS	SPACE

الانفاد فيوا والما			1.	
	named entity submits this statement for the pions of registered agent.	purpose of changing its register	ed office or registered agent, or b	oth, in the State of Florida. Fam familiar with, and accept
SIGNATURE_	and the same and the same of t			
3-140.00	Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		
10.	OFFICERS AND DIREC	CTORS		, , , , , , , , , , , , , , , , , , , ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST SHUKLA, DEVENDRA 2730 SHADELANDS DRIVE, STE. 100 WALNUT CREEK, CA 94598)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000788739 01/18/08-80053-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			IN.	THIS SPACE
NAME "STREET ADDRESS" CITY-ST-ZIP"			A STATE OF THE STA	A Company of the Comp
NAME STREET ADDRESS*		encope impo e la cond	े उत्तर द काले (स्वरूप नोस्पत्र)	त्र । वर्षेत्रका केन्द्र अस्त्रका स्वयानिकार के समित्र स्वर्णा
12. I hereby o	pertity that the information supplied with this fi	ling does not qualify for the ex	emptions contained in Chapter 1	19. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEVENDRA SHUKLA, 01/04/08

(925) 946-3100

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