

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000230

FILED
Feb 09, 2009
Secretary of State

Entity Name: INTERNATIONAL SUPPLIES AND SERVICES, INC.

Current Principal Place of Business:

10151 DEERWOOD PARK BLVD.
BLDG. 200, SUITE #250
JACKSONVILLE, FL 32256

New Principal Place of Business:

10151 DEERWOOD PARK BLVD.
BLDG. 200, SUITE #250
JACKSONVILLE, FL 32256 US

Current Mailing Address:

10151 DEERWOOD PARK BLVD.
BLDG. 200, SUITE #250
JACKSONVILLE, FL 32256

New Mailing Address:

10151 DEERWOOD PARK BLVD.
BLDG. 200, SUITE #250
JACKSONVILLE, FL 32256 US

FEI Number: 20-3285929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: SAWAN, LAN
Address: PO BOX 22187
City-St-Zip: DOHA QATAR,

Title: VP () Delete
Name: SAWAN, JAMAL
Address: PO BOX 22187
City-St-Zip: DOHA QATAR,

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST (X) Change () Addition
Name: SAWAN, LAN
Address: PO BOX 22187
City-St-Zip: DOHA, -- QATAR

Title: VP (X) Change () Addition
Name: SAWAN, JAMAL
Address: PO BOX 22187
City-St-Zip: DOHA, -- QATAR

Title: DIR () Change (X) Addition
Name: SAWAN, LAN
Address: PO BOX 22187
City-St-Zip: DOHA, -- QATAR

Title: DIR () Change (X) Addition
Name: SAWAN, JAMAL
Address: PO BOX 22187
City-St-Zip: DOHA, -- QATAR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /LAN SAWAN/

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date