

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 26, 2007
Secretary of State**

DOCUMENT# F06000003652

Entity Name: IS - RUNOFF MANAGEMENT, INC.

Current Principal Place of Business:

2 FARMINGDALE LANE
NEWARK, DE 19711

New Principal Place of Business:

Current Mailing Address:

7901 4TH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 20-4677827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNALLY, JOSEPH W
7901 4TH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33702 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

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: NEWTON, RICHARD M
Address: 4 BEECHWOOD CIRCLE
City-St-Zip: CHADD FORD, PA 19317

Title: CV () Delete
Name: MCNALLY, JOSEPH W
Address: 830 PINELLAS BAYWAY SOUTH
City-St-Zip: TIERRA VERDE, FL 33715

Title: TD () Delete
Name: BEALE, CHARLES L
Address: 401 HARBOR PLAINS DRIVE #1201
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: MCNALLY, BONNIE J
Address: 830 PINELLAS BAYWAY SOUTH
City-St-Zip: TIERRA VERDE, FL 33715

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: NEWTON, MARK J
Address: 4 BEECHWOOD CIRCLE
City-St-Zip: CHADDS FORD, PA 19317

Title: O () Change (X) Addition
Name: NEWTON, JACLYN C
Address: 4 BEECHWOOD CIRCLE
City-St-Zip: CHADDS FORD, PA 19317

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: BONNIE J. MCNALLY

S

12/26/2007

Electronic Signature of Signing Officer or Director

Date