2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State
07-17-2007 90108 023 ***150.00

DOCUMENT # F83417

1. Entity Name
FISCHER INTERNATIONAL SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
3073 HORSESHOE DRIVE, SUITE 104 PO BOX 9107 NAPLES, FL 34104 US	3073 HORSESHOE DRIVE, SUITE 104 PO BOX 9107 NAPLES, FL 34104 US

07052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number 59-2231919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WYNKOOP, JOHN W
5801 PELICAN BAY BLVD.,
SUITE 104
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name: Alton K. Machen
Street Address (P.O. Box Number is Not Acceptable): 5801 Pelican Bay Blvd.
Suite 104
City: Naples FL Zip Code: 34108

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: [signature] Alton K. Machen 7-10-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISCHER, ADDISON M D 5801 PELICAN BAY BLVD., SUITE 104 NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATTAGLIA, MICHAEL S D 3073 HORSESHOE DRIVE, SUITE 104 NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WYNKOOP, JOHN W 5801 PELICAN BAY BLVD., SUITE 104 NAPLES, FL 34108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCABE, HAROLD A 5801 PELICAN BAY BLVD., SUITE 104 NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BACHERMAN, RENEE 3073 HORSESHOE DRIVE SOUTH, SUITE 104 NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: [signature] Harold McLake 7/9/07 239-434-2546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #