2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012767

Entity Name: ISAA, INC.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1132 EUGENIA BLVD.

NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

P.O. BOX 291745 PORT ORANGE, FL 32129 P.O. BOX 727 OSTEEN, FL 32764

FEI Number: 59-3836422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PANKO, MICHAEL J PANKO, MICHAEL J TREAS. 1132 EUGENIA BLVD. PANKO, MICHAEL J TREAS. 1132 EUGENIA BLVD.

NEW SMYRNA BEACH, FL 32168 US NEW SMYRNA BEACH, FL 32168 US

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: MICHAEL J. PANKO 04/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change() Addition

 Name:
 NEWBY, LEW
 Name:
 NEWBY, LEW

 Address:
 P.O. BOX 291745
 Address:
 P.O. BOX 727

 City-St-Zip:
 PORT ORANGE, FL 32129
 City-St-Zip:
 OSTEEN, FL 32764

Title: V () Delete Title: V (X) Change () Addition

 Name:
 COOPER, PAUL
 Name:
 COOPER, PAUL

 Address:
 P.O. BOX 291745
 Address:
 P.O. BOX 727

 City-St-Zip:
 PORT ORANGE, FL 32129
 City-St-Zip:
 OSTEEN, FL 32764

Title: T () Delete Title: () Change () Addition

 Name:
 PANKO, MICHAEL J
 Name:

 Address:
 1132 EUGENIA BLVD.
 Address:

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32168
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 DUFF, DEBBY
 Name:
 DUFF, DEBBY

 Address:
 P.O. BOX 291745
 Address:
 P.O. BOX 727

 City-St-Zip:
 PORT ORANGE, FL 32129
 City-St-Zip:
 OSTEEN, FL 32764

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. PANKO TRES 04/01/2009