

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083541

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** INTEGRATED SOLUTIONS GROUP, INC.

**Current Principal Place of Business:**

4503 OCEAN VIEW DR  
DESTIN, FL 32541 US

**New Principal Place of Business:**

120 BOTANY BLVD  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

4503 OCEAN VIEW DR  
DESTIN, FL 32541 US

**New Mailing Address:**

120 BOTANY BLVD  
SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-3217030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AVERA, LARRY O  
4503 OCEAN VIEW DRIVE  
DESTIN, FL 32541 US

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

AVERA, LARRY O  
120 BOTANY BLVD  
SANTA ROSA BEACH, FL 32459 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: \_\_\_\_\_

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: AVERA, LARRY  
Address: 4503 OCEAN VIEW DRIVE  
City-St-Zip: DESTIN, FL

Title: VSD ( ) Delete  
Name: PAM AVERA,  
Address: 4503 OCEAN VIEW DRIVE  
City-St-Zip: DESTIN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: AVERA, LARRY O  
Address: 120 BOTANY BLVD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VSD (X) Change ( ) Addition  
Name: AVERA, PAMELA M  
Address: 120 BOTANY BLVD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY O. AVERA

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date