2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 08:00 AM DOCUMENT # P95000093423 **Secretary of State** INTERACTIVE SOLUTIONS ENTERPRISES INC. Principal Place of Business Mailing Address 15549 SW 69TH TERRACE 6174 SW 8 ST MIAMI, FL 33193 US MIAMI, FL 33144 CR2E034 (11/05) 02052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0624033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOLBERG, MARCOS DO NOT WRITE 15549 SW 69TH TERRACE MIAMI, FL 33193 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000629985 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be 02/19/07-90022-013 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SOLBERG, MARCOS 15549 SW 69 TERRACE STREET ADDRESS CITY-ST-ZIP MIAM! FL 33193 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZiP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECT

HANLUS Solberg

2/5/07

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