

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55628

FILED  
Jan 23, 2006  
Secretary of State

Entity Name: INTEGRATED METERING SYSTEMS, INC.

**Current Principal Place of Business:**

6741 102ND AVENUE NORTH #27  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

6741 102ND AVENUE NORTH #27  
PINELLAS PARK, FL 33782

**New Mailing Address:**

FEI Number: 59-2930342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILDE, CHARLES  
6741 102ND AVE N #27  
PINELLAS PARK, FL 33782 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILDE, CHARLES R,  
Address: 3890 24TH AVENUE N  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: STD ( ) Delete  
Name: SITTON, DORA,  
Address: 6381 N 40TH AVE  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: DM ( ) Delete  
Name: DODDS, BONNIE  
Address: 5840 80TH TERR  
City-St-Zip: PINELLAS PARK, FL 33781

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

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

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

Title: DM (X) Change ( ) Addition  
Name: DODDS, BONNIE J  
Address: 5840 80TH TERR  
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the 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 DODDS

DM

01/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date