

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 367658

FILED
Sep 21, 2007
Secretary of State

Entity Name: ITS TELECOMMUNICATIONS SYSTEMS, INC.

Current Principal Place of Business:

15925 SW WARFIELD BLVD
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

PO BOX 277
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 13-2663101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POST, ROBERT M. JR.
16001 S.W. MARKET ST
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

LESLIE, JEFFREY S
15925 S. W. WARFIELD BLVD.
INDIANTOWN, FL 34956 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: JEFFREY S. LESLIE

09/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POST, JR., ROBERT M.,
Address: 16001 S.W. MARKET STREET
City-St-Zip: INDIANTOWN, FL 34956 US

Title: VD () Delete
Name: LESLIE, JEFFREY S
Address: 15925 SW WARFIELD BLVD.
City-St-Zip: INDIANTOWN, FL 34956 US

Title: VSD () Delete
Name: POST, LINDA M
Address: 16001 SW MARKET ST
City-St-Zip: INDIANTOWN, FL 34956 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JEFFREY S. LESLIE,
Address: 15925 SW WARFIELD BLVD.
City-St-Zip: INDIANTOWN, FL 34956 US

Title: VD (X) Change () Addition
Name: POST, LINDA M
Address: 15925 SW WARFIELD BLVD.
City-St-Zip: INDIANTOWN, FL 34956 US

Title: SD (X) Change () Addition
Name: ABRAMSON, MICHAEL
Address: 15925 SW WARFIELD BLVD.
City-St-Zip: INDIANTOWN, FL 34956 US

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

SIGNATURE: JEFFREY S. LESLIE

PD

09/21/2007

Electronic Signature of Signing Officer or Director

Date