2004 FOR PROFIT CORPORATION

Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F00000006156** 04-30-2004 90372 024 ***158.75 INTEGRATION SERVICES INTERNATIONAL, INC. Principal Place of Business Mailing Address 3921 SW 47 AVE 3921 SW 47 AVE #1011 #1011 DAVIE, FL 33314 **DAVIE, FL 33314** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0999137 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STERNBERG, CRAIG Street Address (P.O. Box Number is Not Acceptable) 3921 SW 47 AVE STE 1011 **DAVIE, FL 33314** Zip Code ろろろ/4 Avi 9 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 Florida. I am familiar with, and accept the obligations of registered agent, SIGNATURE_X Signature, typed or printed name of registered agent and title if applicable OTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 X Addition TITLE ☐ Delete TITLE Change HEIMMERDE, ROBERT HORNER, RICHARD L NAME NAME 3921 SW 4744 ACC 7 GATEHOUSE ROAD STREET ADDRESS STREET ADDRESS SEA RANCH LAKES, FL 33308 CITY - ST - ZIP CITY-ST-7IP 1)AUIC, FL 33314 Delete TITLE TITLE Change X Addition GOMEZ, MARGARITA STERNBERG, CRAIG E NAME NAME 39215W 4741 ALC, STELOIL STREET ADDRESS 21076 MADRIA CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CiTY-ST-ZIP DAVIE, FL 33314 TITLE ☐ Delete TITLE Change 🗖 Addition BoAdA, AlbA NAME NAME 3921 SW47th AVE, STE 101 STREET ADDRESS STREET ADDRESS Mule, IL 33314 CITY-ST-ZIP CITY-ST-ZIP DITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

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12. I hereby certify that the information supplied with this filling does not qualify 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 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 addiess, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS