2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# F00000006156

Entity Name: INTEGRATION SERVICES INTERNATIONAL, INC.

Current Principal Place of Business:

3921 SW 47 AVE
#1011
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

3921 SW 47 AVE
#1011
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 65-0999137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORNER, RICHARD
3921 SW 47TH AVE.
STE. 1011
DAVIE, FL 33314 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: PC ( ) Delete
Name: HORNER, RICHARD L
Address: 7 GATEHOUSE ROAD
City-St-Zip: SEA RANCH LAKES, FL 33308

Title: VD ( ) Delete
Name: HEMMERDE, ROBERT
Address: 3921 SW 47TH AVE., STE. 1011
City-St-Zip: DAVIE, FL 33314

Title: S ( ) Delete
Name: GOMEZ, MARGARITA
Address: 3921 SW 47TH AVE., STE. 1011
City-St-Zip: DAVIE, FL 33314

Title: T ( ) Delete
Name: BOADA, ALBA
Address: 3921 SW 47TH AVE., STE. 1011
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALBA BOADA T 04/29/2005

Electronic Signature of Signing Officer or Director Date