2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006755

Entity Name: INTERSTATE REALTY SERVICES CORP.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	DES RD, STE TON, FL 3343				
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
	DES RD, STE TON, FL 3343				
FEI Number:	: 34-1881402	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Addres	s of New Registered Agent:	
	DEL T DES RD, STE TON, FL 3343				
	named entity e of Florida.	submits this statement for the pu	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCD (SINGER, DEL 7351 VALENCI BOCA RATON,	A DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VTD (WASACZ, STA 2140 LEE ROA CLEVELAND H	ND.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (PAUL, SUSAN 20895 PINAR ⁻ BOCA RATON,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SINGER, JOAN 7351 VALENCI BOCA RATON,	INE R A DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (PAUL, MICHAE 20895 PINAR ⁻ BOCA RATON,	FRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DEL T SINGER PCD 04/21/2009