

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90042 040 ***558.75

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1. Entity Name

INTERNAL INTELLIGENCE SERVICE, INC.



Principal Place of Business

9-25 ALLING STREET
NEWARK, NJ 07102

Mailing Address

9-25 ALLING STREET
NEWARK, NJ 07102

40123261



07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3171607

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
GREGORY, GERALD A
9-25 ALLING STREET
NEWARK, NJ 07102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NILIO, NICHOLAS A
9-25 ALLING STREET
NEWARK, NJ 07102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DRIGHT, KARI S
9-25 ALLING STREET
NEWARK, NJ 07102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEAN, GARRY
9-25 ALLING STREET
NEWARK, NJ 07102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-3-07

(22) 481-3778