2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001809

FILED Feb 21, 2008 Secretary of State

Entity Name: INTELLIGENT MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	CSON WAY, OD, CO 801				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4400 BAYO SUITE 6 PENSACOI	U BLVD. LA, FL 32503				
FEI Number:	84-1204705	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	OU BLVD. LA, FL 32503 named entity s		urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	!E:				
	Electron	ic Signature of Registered Age	nt	Date	
Election Cam	paign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PC () WEIN, MICHAE 4400 BAYOU B PENSACOLA, F	LVD., SUITE 6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () GORDER, THE 4400 BAYOU B PENSACOLA, F	LVD., SUITE 6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SWC () WEIN, WILLIAM 4400 BAYOU B PENSACOLA, F	LVD., SUITE 6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PUGH, JUDITH	N WAY, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () HUETER, WILL 3606 CHERBOI MARIETTA, GA	JRG WAY	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: MICHAEL S. WEIN PC 02/21/2008