

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003267

Entity Name: ISOQAR INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

24840 BURNT PINE DRIVE
SUITE 5
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

ISOQAR INC.
24840 BURNT PINE DRIVE, SUITE 5
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 13-3788621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: CROMPTON, DAVID
Address: FIRST FLOOR, WEST POINT, 501 CHESTER ROAD
City-St-Zip: MANCHESTER, M16 9HU, ENGLAND, OC

Title: DVST () Delete
Name: MAXWELL, GEORGE
Address: 24840 BURNT PINE DRIVE, SUITE 5
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DAVID CROMPTON

DP

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date