2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000534

Entity Name: INTELLIGENT HOSPITAL SYSTEMS LTD. INC.

US

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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96 NATURE PARK WAY
WINNINPEG
MANITOBA, CANADA R3P 0X8,
96 NATURE PARK WAY
WINNIPEG, MB R3P 0X8 CA

Current Mailing Address: New Mailing Address:

96 NATURE PARK WAY
WINNINPEG
MANITOBA, CANADA R3P 0X8,
96 NATURE PARK WAY
WINNIPEG, MB R3P0X8 CA

FEI Number: 98-0520382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATTHAEI, JOSEPH E 1805 RED HAWK CT. ST. AUGUSTINE, FL 32092

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MCGARRY, KEVIN A Name: MCGARRY, KEVIN A

Address: 988 KILKENNY DR. Address: 988 KILKENNY DR.
City-St-Zip: WINNIPEG,MANITOBA,CAN,R3T5E5, City-St-Zip: WINNIPEG, MB R3T 5E5 CA

Title: D () Delete Title: D (X) Change () Addition

Name:RICHARDSON, JIMName:RICHARDSON, JIMAddress:203-5 DONALD ST.Address:203-5 DONALD ST.

City-St-Zip: WINNINPEG,MANITOBA,CAN,R3J3W, City-St-Zip: WINNIPEG, MB R3J 3W1 CA

Title: Title: () Delete (X) Change () Addition WEBSTER-MOURANT, FIONA WEBSTER-MOURANT, FIONA Name: Name: 300 CREE CRESCENT 300 CREE CRESCENT Address: Address: City-St-Zip: WINNINPEG, MANITOBA, CAN, R3J3W, City-St-Zip: WINNIPEG, MB R3M 1X7 CA

Title: VPD () Delete Title: CFO (X) Change () Addition

Name:DAVIDSON, RÓBERT KName:DAVIDSON, RÓBERT KAddress:300 OXFORD ST.Address:300 OXFORD ST.City-St-Zip:WINNINPEG,MANITOBA,CAN,R3M3J,City-St-Zip:WINNIPEG, MB R3J 0J7 CA

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: ROBERT DAVIDSON CFO 02/04/2009