2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F36140

FILED Apr 29, 2008 Secretary of State

Entity Name: INFORMATION & COMPUTING SERVICES, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	DENTIAL DR VILLE, FL 32				
Current Mailing Address:			New Maili	New Mailing Address:	
	DENTIAL DR VILLE, FL 32				
FEI Number:	: 59-2093093	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
ROGERS, 1301 RIVE		AILEY, JONES & GAY, P.A. JLEVARD, SUITE 1500 207 US			
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered A્	gent	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS	S AND DIREC	CTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T (MORALES, MI 4034 BARCEL JACKSONVILL	ONA AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (MANTON, JOH 12418 KOZY F JACKSONVILL	REST LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CARR, JOHN) Delete OAK CIRCLE WEST E, FL 32256	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (JACKSON, TE 5117 PEBBLE JACKSONVILL	ISLE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C (MORALES, JC 3450 SUNNYS JAX, FL 3220	IDE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THOMAS, KIRI	ITIAL DRIVE, STE 300	Title: Name: Address: City-St-Zip:	P (X) Change () Addition THOMAS, ADRIAN S 1650 PRUDENTIAL DRIVE, STE 300 JACKSONVILLE, FL 32207	

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. 04/29/2008

SIGNATURE: MARGARET TRIPLETT S