

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001287

FILED
Apr 04, 2008
Secretary of State

Entity Name: INTEGRATED SYSTEMS ANALYSTS, INC.

Current Principal Place of Business:

ISA, INFORMATION SYSTEMS ANALYSTS, INC
2001 W BEAUREGARD ST STE 600
ALEXANDRIA, VA 22311

New Principal Place of Business:

INFORMATION SYSTEMS ANALYSTS, INC
2001 N BEAUREGARD ST STE 600
ALEXANDRIA, VA 22311

Current Mailing Address:

ISA, INFORMATION SYSTEMS ANALYSTS, INC
2001 W BEAUREGARD ST STE 600
ALEXANDRIA, VA 22311

New Mailing Address:

INFORMATION SYSTEMS ANALYSTS, INC
2001 N BEAUREGARD ST STE 600
ALEXANDRIA, VA 22311

FEI Number: 54-1156422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD STE 221 E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD
STE 221 E
PALM BEACH GARDENS, FL 33410 US

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:

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: GOODEN, C. MICHAEL
Address: 2001 N BEAUREGARD ST STE 600
City-St-Zip: ALEXANDRIA, VA 22311

Title: P () Delete
Name: SHARP, EDWARD G
Address: 2001 N BEAUREGARD ST STE 600
City-St-Zip: ALEXANDRIA, VA 22311

Title: S () Delete
Name: ANDERSON, MARY H
Address: 2001 N BEAUREGARD ST STE 600
City-St-Zip: ALEXANDRIA, VA 22311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: GOODEN, C. MICHAEL
Address: 2001 N BEAUREGARD ST STE 600
City-St-Zip: ALEXANDRIA, VA 22311

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: MARY H. ANDERSON

S

04/04/2008

Electronic Signature of Signing Officer or Director

Date