


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90254 012 \*\*\*150.00

<b>DOCUMENT # F97000006599</b>	
1. Entity Name <b>INFORMATION NETWORK SYSTEMS, INC.</b>	

Principal Place of Business <b>ONE IVYBROOK BLVD. SUITE 140 IVYLAND PA 18974</b>		Mailing Address <b>ONE IVYBROOK BLVD. SUITE 140 IVYLAND PA 18974</b>	
2. Principal Place of Business <b>2003 So. EASTON RD DOYLESTOWN PA 18901</b>		3. Mailing Address <b>2003 So. EASTON RD DOYLESTOWN PA 18901</b>	
Suite, Apt. #, etc. <b>SUITE 308</b>		Suite, Apt. #, etc. <b>SUITE 308</b>	
City & State <b>DOYLESTOWN PA</b>		City & State <b>DOYLESTOWN PA</b>	
Zip <b>18901</b>	Country <b>USA</b>	Zip <b>18901</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>BLANTON, EDWIN 825 THOMASVILLE RD TALLAHASSEE FL 32303</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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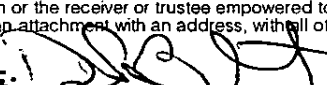
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, SYDNEY 22 BAILWICK OFFICE CAMPUS DOYLESTOWN PA 18901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SYDNEY F</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROHM, GERARD P C/O INS INC-IVY BROOK BLVD., STE. 140 IVYLAND PA 18974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Information Network Systems, Inc. Doylestown Commerce Center 2003 South Easton Road, Suite 308 Doylestown, PA 18901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLANTON, DAVID C/O INS INC-IVY BROOK BLVD., STE. 140 IVYLAND PA 18974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Information Network Systems, Inc. Doylestown Commerce Center 2003 South Easton Road, Suite 308 Doylestown, PA 18901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, SHARON B 1 IVY BROOK BLVD # 140 IVYLAND PA 18974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SHARON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARON, MARTIN B IVY BROOK BLVD. STE. 140 IVY LAND PA 18974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **DAVID BLANTON, SECRETARY** 1/25/05 267-893-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #