2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006
Secretary of State

DOCUMENT# H31363

Entity Name: INTEGRATED CONTROL SYSTEMS, INC.

Current Principal Place of Business:

955 WEST RETTA ESPLANADE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

C/O R L STRADA CPA
PO BOX 217
LITCHFIELD, CT 06759 US

New Mailing Address:

DONALD ASHLEY
366-368 E OLYMPIA AVENUE
PUNTA GORDA, FL 33950 US

FEI Number: 58-1787342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, WARREN R
201 W MARION ST, #301
PUNTA GORDA, FL 33950 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: PD ( ) Delete
Name: HENDRICK, COLM B
Address: 4450 NORTH SHORE DR
City-St-Zip: PUNTA GORDA, FL

Title: STD ( ) Delete
Name: JACOBSON, ROBERT
Address: 1432 MEDITTERREAN
City-St-Zip: PUNTA GORDA, FL

Title: D ( ) Delete
Name: IRWIN, JAMES,
Address: 22 EMERALD POINT BLVD.
City-St-Zip: PUNTA GORDA, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JACOBSON, ROBERT A
Address: C/O 955 W RETTA ESPLANADE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: STD (X) Change ( ) Addition
Name: JACOBSON, ROBERT A
Address: C/O 955 W RETTA ESPLANADE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D (X) Change ( ) Addition
Name: IRWIN, JAMES B
Address: 25188 E MARION AVENUE #22
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D ( ) Change (X) Addition
Name: O'TOOLE, KATHLEEN M
Address: PO BOX 5122220
City-St-Zip: PUNTA GORDA, FL 33951 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN O'TOOLE D 09/13/2006
Electronic Signature of Signing Officer or Director Date