## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H31363

FILED Jan 10, 2007 Secretary of State

Entity Name: INTEGRATED CONTROL SYSTEMS, INC.

urrent P	rincipal Pla	ce of Business:	New Principal Plac	ce of Business:
	retta esi ORDA, FL 3			
urrent Mailing Address:		ess:	New Mailing Address:	
66-368 E	ASHLEY OLYMPIA A' ORDA, FL 3			
≣l Number	: 58-1787342	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
01 W MA	ARREN R IRION ST, #3 ORDA, FL 3			
	named antit	y submits this statement for the p	purpose of changing its registe	red office or registered agent, or both,
	e of Florida.			
the State	e of Florida.			
the State	e of Florida. RE:	onic Signature of Registered Ag	ent	Date
the State	e of Florida. RE:Electr	onic Signature of Registered Ag	ent	Date
the State	e of Florida. RE:Electr	ing Trust Fund Contribution ( ).		Date  GES TO OFFICERS AND DIRECTOR
the State IGNATUI ection Car FFICER: tle: ame: ddress:	e of Florida.  RE: Electr  mpaign Financ  S AND DIRE  PD  JACOBSON, C/O 955 W F	ing Trust Fund Contribution ( ).  CCTORS:		
the State	e of Florida.  RE: Electr  mpaign Financ  S AND DIRE  PD  JACOBSON, C/O 955 W F PUNTA GOR  STD  JACOBSON, C/O 955 W F	ing Trust Fund Contribution ( ).  CTORS:  ( ) Delete  ROBERT A  RETTA ESPLANADE  DA, FL 33950 US  ( ) Delete	ADDITIONS/CHANGE Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
the State GNATUR  ection Car  FFICERS  de: de: dress: ty-St-Zip: de: dress: dress:	e of Florida.  RE: Electr mpaign Financ  S AND DIRE  PD JACOBSON, C/O 955 W F PUNTA GOR  STD JACOBSON, C/O 955 W F PUNTA GOR  D IRWIN, JAME 25188 E MAI	ing Trust Fund Contribution ( ).  CTORS:  ( ) Delete  ROBERT A  RETTA ESPLANADE  DA, FL 33950 US  ( ) Delete  ROBERT A  RETTA ESPLANADE  DA, FL 33950 US	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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 01/10/2007