## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # K34832**

1. Entity Name

INTERNATIONAL SATELLITE SYSTEMS, INC.



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

2555 PORTER LAKE DR. #110 SARASOTA, FL 34240 Mailing Address

2555 PORTER LAKE DR. #110 SARASOTA, FL. 34240



01162007

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0076655 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CLARK, PAUL DANA 3018 DAWSON STREET. SARASOTA, FL 34239

## DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
8. The above the obligat	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	ed office or	registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signatur	r required when reinstating)	DATE
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	8. Election Campaign Finan Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS		<del></del>	
title Name Street address City-St-Zip	P CLARK, PAUL DANA 3018 DAWSON STREET SARASOTA, FL 34239			U00000619902 02/09/07-80016-001 150.0	
TITLE NAME Street Address City-St-Zip	TS CLARK, SHEILA ROSSI 3018 DAWSON STREET SARASOTA, FL 34239				32, 33, 51, 30, 130, 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT WRITE
TITLE NAME Street Address City-St-ZP				IN T	HIS SPACE
TITLE NAME Street address City-St-71P	У				
TOLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 (

STREET ADDRESS CITY-ST-ZIP

PAUL DANA CLARK prosident

1-16-07

961 2785210

Daytime Phone #