2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55628

FILED Jan 30, 2007 Secretary of State

Entity Name: INTEGRATED METERING SYSTEMS, INC.

Current Principal Place of Business: New Principal Place of Business: 6741 102ND AVENUE NORTH #27 PINELLAS PARK, FL 33782 **Current Mailing Address: New Mailing Address:** 6741 102ND AVENUE NORTH #27 PINELLAS PARK, FL 33782 FEI Number: 59-2930342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILDE, CHARLES KIRK, WILLIAM M PD 6741 102ND AVE N #27 6741 102ND AVE N #27 PINELLAS PARK, FL 33782 US PINELLAS PARK, FL 33782 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: WILLIAM M. KIRK 01/30/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WILDE, CHARLES R. WILDE, CHARLES R, Name: Name: 3890 24TH AVENUE N 3890 24TH AVENUE N Address: Address: City-St-Zip: ST. PETERSBURG, FL 33713 City-St-Zip: ST. PETERSBURG, FL 33713 STD Title: Title: () Delete () Change () Addition Name: SITTON, DORA. Name: Address: 6381 N 40TH AVE Address: ST. PETERSBURG, FL 33709 City-St-Zip: City-St-Zip: Title: Title: DM () Delete () Change () Addition DODDS, BONNIE J Name: Name: 5840 80TH TERR Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: () Delete Title: () Change (X) Addition KIRK, WILLIAM M PRES Name: Name: Address: Address: 4901 SE 39TH COURT City-St-Zip: City-St-Zip: OCALA, FL 34480 Title: Title: () Change (X) Addition () Delete TROMBLAY, DENNIS VP Name: Name: Address: Address: 386-1 PRESTWICK CIR PALM BEACH GARDENS, FL 33418 City-St-Zip: City-St-Zip:

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: BONNIE J DODDS DM 01/30/2007