

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55628

FILED
Apr 13, 2009
Secretary of State

Entity Name: INTEGRATED METERING SYSTEMS, INC.

Current Principal Place of Business:

11701 BELCHER RD S
STE123
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

6741 102ND AVENUE NORTH #27
PINELLAS PARK, FL 33782

New Mailing Address:

11707 BELCHER RD S
LARGO, FL 33773

FEI Number: 59-2930342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODDS, BONNIE J D
11701 BELCHER RD S
STE 123
LARGO, FL 33773 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: TC () Delete
Name: WILDE, CHARLES R
Address: 3890 24TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33713

Title: SD () Delete
Name: SITTON, DORA
Address: 6381 N 40TH AVE
City-St-Zip: ST. PETERSBURG, FL 33709

Title: D () Delete
Name: DODDS, BONNIE J
Address: 5840 80TH TERR
City-St-Zip: PINELLAS PARK, FL 33781

Title: CEOD (X) Delete
Name: KIRK, WILLIAM M PRES
Address: 4901 SE 39TH COURT
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 DODDS

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date