2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054944

ORLANDO, FL 32801

ORLANDO, FL 32810

SCOTT, KATHRYN

(X) Delete

429 SOUTH KELLER ROAD, SUITE 200

MGR

Title:

Name:

Address:

City-St-Zip:

Entity Name: INTERNATIONAL SOLUTIONS COLLABORATIVE, L.L.C.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 429 SOUTH KELLER ROAD, SUITE 200 ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** 429 SOUTH KELLER ROAD, SUITE 200 ORLANDO, FL 32810 FEI Number: 20-4203562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** SCOTT, RAYMOND 390 NORTH ORANGE AVENUE 429 S. KELLER ROAD, STE. 200 **SUITE 1100** ORLANDO, FL 32810 ORLANDO, FL 32801 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: RAYMOND L. SCOTT 04/30/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SCOTT, RAYMOND L Name: Name: 429 SOUTH KELLER ROAD, SUITE 200 Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition SCOTT, GWENDOLYN S Name: Name: Address: 423 SOUTH KELLER ROAD, SUITE 200 Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition BOYD, ROBERT A SR Name: Name: 429 SOUTH KELLER ROAD, SUITE 200 Address: 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RAYMOND L. SCOTT 04/30/2009