

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075538

FILED
Apr 28, 2006
Secretary of State

Entity Name: INTEGRATED COMPUTING SERVICES, LLC

Current Principal Place of Business:

605 60TH ST N
ST. PETERSBURG, FL 33710

New Principal Place of Business:

1586 MONTY'S CL N
SOUTHAVEN, MS 38672

Current Mailing Address:

PO BOX 20592
ST. PETERSBURG, FL 33742

New Mailing Address:

1586 MONTY'S CL N
SOUTHAVEN, MS 38672

FEI Number: 20-1882066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, SCOTTY
10901 BRIGHTON BAY BLVD NE #8204
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

BARNES, SCOTTY
1586 MONTY'S CL N
SOUTHAVEN, MS, FL 38672 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:

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARNES, SCOTTY
Address: 605 60TH ST N
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGR () Delete
Name: HOLCOMB, GARY
Address: 605 60TH ST N
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARNES, SCOTTY
Address: 1586 MONTY'S CL N
City-St-Zip: SOUTHAVEN, MS 38672

Title: MGR (X) Change () Addition
Name: HOLCOMB, GARY
Address: 1586 MONTY'S CL N
City-St-Zip: SOUTHAVEN, MS 38672

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 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.

SIGNATURE: SCOTTY W. BARNES

MR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date