2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

| DOCUMENT # L05000017418 1. Entity Name INTEGRATED SOLUTINS GROUP LLC | | | | | | | 01-23-2006 9 | 90135 001 ****50 | 0.00 | |
|---|-------------------------------|---|---|--|--|--------------------------|--|--|--|--|
| Principal Place of Business 561 WHISPERING PINE LANE NAPLES, FL 34103 | | | Mailing Address 561 WHISPERING PINE LANE NAPLES, FL 34103 | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01122006 | Chg-LLC | CR2E083 (11/05) | | | |
| City & State | | City & State | | 4. FEi Numb | 39 <i>30</i> 66 | | pplied For ot Applicable | | | |
| Zip | Zip Country | | Zip Country | | try | | Certificate of Status Desired \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and | Address of New R | legistered Agent | | |
| TAPOLINI | | | Name | | | | | | | |
| TARQUINI-SANDERS, ANGELA 561 WHISPERING PINE LANE NAPLES, FL 34103 | | | | Street Address (| | ess (P.O. Box Numb | er is Not Acceptable | 9) | | |
| | | | | | City | | | FL Zip Coo | de . | |
| 8. The above named entity submits this statement for the p | | | | | · · | | No. Control October 15 Per | FL | | |
| | | ty submits this statement to tered agent. | r the purpose of changing its | register | ea onice or regi | gistered agent, or bo | th, in the State of Fic | onda. Tam tamiliar with, | , and accept | |
| SIGNATURE . | Signature, typed | d or printed name of registered agent | and title if applicable. (NOT | E: Registere | d Agent signature rec | quired when reinstating) | | DATE | | |
| Filing Fee Is \$50.00 Due by May 1, 2006 | | | | | | | | | | |
| Fi Di | ling Fee ue by Ma | is \$50.00 y 1, 2006 | | | | | | e check payable to a Department of Stat | te | |
| Di | ling Fee ue by Ma | y 1, 2006 | DS (MANAGEDS | 10 | | | Florida | a Department of Stat | te | |
| 9. | MGRM | is \$50.00 y 1, 2006 MANAGING MEMBE | | 10. | E | | | a Department of Stat | te ☐ Addition | |
| Di | MGRM | y 1, 2006 | RS/MANAGERS | 10. Titl | - 1 | | Florida | A Department of State | | |
| 9. TITLE NAME STREET ADDRESS | MGRM TARQUIN | MANAGING MEMBE MI-SANDERS, ANGELA SPERING PINE LANE | | TITL NAM STRE | ET ADORESS | | Florida | A Department of State | | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TARQUIN | y 1, 2006 MANAGING MEMBE NI-SANDERS, ANGELA | ☐ Detete | TITL NAM STRE CITY | et adoress -st-zip | | Florida | a Department of State /CHANGES Change | Addition | |
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ANGELA TAKOVINI-SAMDERS