

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L33207		
1. Entity Name INTERNAL AUDIT SERVICES, INC.		
Principal Place of Business 7100 39 FAIRWAY DR 136B PALM BEACH GARDENS, FL 33418 US		Mailing Address 7100-39 FAIRWAY DR SUITE 136B PALM BEACH GARDENS, FL 33418 US
DO NOT WRITE IN THIS SPACE		
01092004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0165463		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CAPIZZI, JOHN GERARD A. 7100-39 FAIRWAY DR SUITE 136B PALM BEACH GARDENS, FL 33418		
		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>John Gerard A. Capizzi, President</u> 1-9-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPIZZI, JOHN GERARD A 7100-39 FAIRWAY DR #136B PALM BEACH GARDENS, FL	DO NOT WRITE IN THIS SPACE 000000002592 01/13/04-80020-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAPIZZI, JOHN GERARD A 7100-39 FAIRWAY DR #136B PALM BEACH GARDENS, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>John Gerard A. Capizzi, President</u> 1-9-04 (561) 626-7746 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		