



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90012 048 \*\*\*150.00

<b>DOCUMENT # L46278</b> 1. Entity Name <b>INVESTMENT SYSTEMS, INC. OF SOUTHWEST FLORIDA</b>					
Principal Place of Business <b>8808 MUIRFIELD DR NAPLES FL 34109 US</b>				Mailing Address <b>8808 MUIRFIELD DR NAPLES FL 34109 US</b>	
2. Principal Place of Business <b>178 Eugenia Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>178 Eugenia Dr</b> Suite, Apt. #, etc.			
City & State <b>Naples FL</b>		City & State <b>Naples, FL</b>			
Zip <b>34108</b>		Zip <b>34108</b>			
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>65-0229098</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GATES, TODD E 12810 TAMiami TRAIL N NAPLES FL 34110</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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>Todd E Gates</u> DATE <u>4-28-06</u> <small>Signature. If not corporation name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GATES, TODD E.</b> <b>?2810 TAMiami TRAIL N</b> <b>NAPLES FL 34110</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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>Todd E. Gates</u> <u>4-28-06</u> <u>593-3777</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					