

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L61798

FILED  
May 02, 2007  
Secretary of State

Entity Name: INTELLIGENT TRANSPORTATION SERVICES, INC.

## Current Principal Place of Business:

28 W CENTRAL BLVD #280  
ORLANDO, FL 32801 US

## New Principal Place of Business:

2960 S. MCCALL ROAD  
SUITE 210  
ENGLEWOOD, FL 32801 US

## Current Mailing Address:

P O BOX 915587  
LONGWOOD, FL 32791 US

## New Mailing Address:

PO BOX 3787  
PLACIDA, FL 33946 US

FEI Number: 59-3003934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALONE, TIMOTHY W  
28 W CENTRAL BLVD #280  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

MALONE, TIMOTHY W  
2960 S. MCCALL ROAD  
SUITE 210  
ENGLEWOOD, FL 34224 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: TIM MALONE

05/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MALONE, TIMOTHY W.,  
Address: 905 BRANTLEY DR  
City-St-Zip: LONGWOOD, FL 32779

Title: DVP ( ) Delete  
Name: MALONE, CLIFTON T.,  
Address: 22780 N US 441  
City-St-Zip: MICANOPY, FL 32667

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MALONE, TIMOTHY W.,  
Address: PO BOX 3787  
City-St-Zip: PLACIDA, FL 33946

Title: ( ) Change ( ) Addition  
Name:  
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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY MALONE

DP

05/02/2007

Electronic Signature of Signing Officer or Director

Date