

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005089

FILED
Mar 27, 2006
Secretary of State

Entity Name: INDEPENDENT ISPS FOR AMERICA, INC.

Current Principal Place of Business:

4218 AUTUMN LEAVES DR
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4218 AUTUMN LEAVES DR
TAMPA, FL 33624

New Mailing Address:

FEI Number: 20-3180660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADIZESKI, PETER
RAD-INFO, INC.
4218 AUTUMN LEAVES DR.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: PRIVETT, JORY PRES
Address: 917 HALSELL ST.
City-St-Zip: BRIDGEPORT, TX 76426

Title: VP () Change (X) Addition
Name: BOYLE, ROBERT VP
Address: 172 SPRING STREET
City-St-Zip: NEWTON, NJ 07860

Title: SECR () Change (X) Addition
Name: GARRETT, JAMES R SECR
Address: 110 FOURTH STREET
City-St-Zip: FARMVILLE, VA 23901

Title: TRES () Change (X) Addition
Name: IMTIAZ, FAISAL TRES
Address: 7266 S.W. 48 STREET
City-St-Zip: MIAMI, FL 33155

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER RADIZESKI, EXECUTIVE DIRECTOR

RA

03/27/2006

Electronic Signature of Signing Officer or Director

Date