2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012767

FILED Mar 22, 2007 Secretary of State

Entity Na	me: ISAA, INC) .					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
P.O. BOX DELAND,				1132 EUGENIA BLVD. NEW SMYRNA BEACH, FL 32168			
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
P.O. BOX DELAND,							
FEI Number	: 59-3836422	FEI Number Applied For()	FEI Number Not App	icable ()	Certificate of Status Des	sired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1963 STA	DDE, THOMAS DEY CIRCLE A, FL 32738	US	1132 EÚGI	PANKO, MICHAEL J 1132 EUGENIA BLVD. NEW SMYRNA BEACH, FL 32168 US			
The above in the State	named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered age	nt, or both,	
SIGNATUI	RE: MICHAEL	. J. PANKO		03/22/2007			
Electronic Signature of Registered Age			ent		Date		
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () NEWBY, LEW P.O. BOX 398 DELAND, FL 3	Delete 2720	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	V () COOPER, PAU P.O. BOX 398 DELAND, FL 3		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	T () ECKENRODE, 1963 STACEY DELTONA, FL	CIRCLE	Title: Name: Address: City-St-Zip:	T PANKO, MIC 1132 EUGEI NEW SMYR			
Title: Name: Address: City-St-Zip:	S () DUFF, DEBBY P.O. BOX 398 DELAND, FL 3	Delete 2720	Title: Name: Address: City-St-Zip:		() Change () Addition		

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: MICHAEL J.PANKO 03/22/2007 Τ