2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2009
Secretary of State

DOCUMENT# N97000004501

Entity Name: INDEPENDENT COMMUNITY SERVICES, INC.

Current Principal Place of Business:

271 NW 54TH STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

271 NW 54TH STREET
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-0780201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ST. PAUL, RONALD W
752 NW 77 TERRACE
MIAMI, FL 33150 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: PD ( ) Delete
Name: ST. PAUL, JEAN O
Address: 752 NW 77TH TERRACE
City-St-Zip: MIAMI, FL 33150

Title: VD ( ) Delete
Name: ST. HILARIE, JEAN
Address: 245 NW 42ND STREET
City-St-Zip: MIAMI, FL 33127

Title: STD ( ) Delete
Name: ST. PAUL, RONALD W
Address: 752 NW 77TH TERRACE
City-St-Zip: MIAMI, FL 33150

Title: STD ( ) Delete
Name: ST. PAUL, ISMAEL
Address: 752 NW 77TH TERR
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: RONALD STPAUL VP 05/26/2009

Electronic Signature of Signing Officer or Director — Date