

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008404

Entity Name: ISM, INC.

FILED
May 09, 2005
Secretary of State

Current Principal Place of Business:

7619 EDSION DR
FORT MYERS, FL 33917

New Principal Place of Business:

P.O. BOX 4279
FORT MYERS, FL 33918

Current Mailing Address:

7619 EDSION DR
FORT MYERS, FL 33917

New Mailing Address:

PO BOX 4279
FORT MYERS, FL 33917

FEI Number: 65-0983137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALLISTER, ISLA S
1340 WALDEN DR.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

MCALLISTER, I S
PO BOX 4279
FT. MYERS, FL 33918 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: I S MCALLISTER

05/09/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCALLISTER, ISLA S
Address: 1340 WALDEN DR.
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCALLISTER, I S
Address: PO BOX 4279
City-St-Zip: FT. MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: I S MCALLISTER

DIR

05/09/2005

Electronic Signature of Signing Officer or Director

Date