

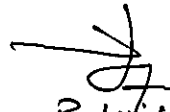
Please find enclosed 1st annual report and the check
of 150 \$.

As I am presently overseas, this is mailed to you
FROM FRANCE by registered airmail on 20 APRIL.

As the post office here indicated it takes 5 days to
reach you, you should receive it well before

May 1st.

Best regards,


P. Linssen

ISC America Corporation.



4202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0975224
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINSEN, PHILIPPE P
7601 EAST TREASURE DRIVE
CV # 9
NORTH BAY VILLAGE, FL 33141

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LINSEN, PHILIPPE PAUL
7601 EAST TREASURE DRIVE, CV # 9
NORTH BAY VILLAGE, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000733047
05/09/07-80071-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PHILIPPE PAUL LINSEN

19 APRIL 2007