2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90302 019 ***150.00

DOCUMENT # P00000015789

1. Entity Name
SIS CONSULTING, INC.

Principal Place of Business	Mailing Address
312 ALTAMONTE BAY CLUB CIRCLE 102 ALTAMONTE SPRINGS, FL 32701	312 ALTAMONTE BAY CLUB CIRCLE 102 ALTAMONTE SPRINGS, FL 32701

04032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
967 E. Altamonte Dr	215 Carriago Hill Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State: Casselberry, FL
Zip: 32701 Country: Seminole	Zip: 32707 Country: Seminole

4. FEI Number: 59-3624218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORKIN, STEVE
312 ALTAMONTE BAY CLUB CIRCLE
102
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name: Steve Sorkin
Street Address (P.O. Box Number is Not Acceptable): 968 E. Altamonte Dr
City: Altamonte Springs FL Zip Code: 32701

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] 4-13-05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SORKIN, STEVE 312 ALTAMONTE BAY CLUB CIRCLE ALTAMONTE SPRINGS, FL 32701	☐ Delete	Steve Sorkin 215 Carriago Hill Dr Casselberry, FL 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SORKIN, SHEILA 312 ALTAMONTE BAY CLUB CIRCLE ALTAMONTE SPRINGS, FL 32701	☐ Delete	Sheila Sorkin 215 Carriago Hill Dr Casselberry, FL 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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] 4-13-05 407-797-6357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #