

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015789

Entity Name: SIS CONSULTING, INC.

FILED  
Apr 19, 2008  
Secretary of State

## Current Principal Place of Business:

2520 RONALD REAGAN BLVD  
SUITE 124  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

215 CARRIAGE HILL DR.  
CASSELBERRY, FL 32707 US

## Current Mailing Address:

2520 RONALD REAGAN BLVD  
SUITE 124  
LONGWOOD, FL 32750 US

## New Mailing Address:

215 CARRIAGE HILL DR.  
CASSELBERRY, FL 32707 US

FEI Number: 59-3624218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SORKIN, STEVE  
2520 RONALD REAGAN BLVD  
SUITE 126  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

SORKIN, STEVEN I  
215 CARRIAGE HILL DR  
CASSELBERRY, FL 32707 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: STEVEN I. SORKIN

04/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SORKIN, STEVE  
Address: 215 CARRIAGE HILL DR  
City-St-Zip: CASSELBERRY, FL 32707

Title: P ( ) Delete  
Name: SORKIN, SHEILA  
Address: 215 CARRIAGE HILL DR  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SORKIN, STEVEN I  
Address: 215 CARRIAGE HILL DR  
City-St-Zip: CASSELBERRY, FL 32707

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

SIGNATURE: SHEILA M. SORKIN

PRES

04/19/2008

Electronic Signature of Signing Officer or Director

Date