2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90297 020 ***150.00

DOCUMENT # P01000029962

1. Entity Name
MIS SOLUTIONS INTERNATIONAL, INC.

Principal Place of Business
280 WEKIRA SPRINGS RD
STE 201
LONGWOOD, FL 32779

Same ←

Mailing Address
~~2232 E. SEMORAN BLVD.~~
~~APOPKA, FL 32703~~

480063991

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3711288
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JABLON, MARC
280 WEKIVA SPRINGS RD
STE 201
LONGWOOD, FL 32779

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	
NAME	JABLON, MARC I	Delete
STREET ADDRESS	2149 HARBOR COVE WAY	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	
NAME	JABLON, MARC I	Delete
STREET ADDRESS	2149 HARBOR COVE WAY	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	P & D	Add
NAME	Joseph Russell	
STREET ADDRESS	7045 Hundred Acre Dr.	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	VP & D	Add
NAME	Terry Fyfe	
STREET ADDRESS	2937 Monaco ct.	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	S & D	Add
NAME	Peggy Kimball	
STREET ADDRESS	2853 Charmont Dr.	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	Add
NAME	Keith Jablon	
STREET ADDRESS	329 Blue Stone Cir.	
CITY-ST-ZIP	Winter Garden, FL 34787	

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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: _____ Joseph Russell 3/31/2005 321-322-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #