2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029962

Title:

Name:

Address:

City-St-Zip:

Entity Name: MIS SOLUTIONS INTERNATIONAL INC.

() Delete

JABLEN, KEITH

329 BLUE STONE CIR

WINTER GARDEN, FL 34787

FILED Apr 24, 2006 Secretary of State

_many man		THORE HATERWAY TO WAE, HA	O .			
Current P	rincipal Place	of Business:	New Princi	New Principal Place of Business:		
280 WEKIRA SPRINGS RD				280 WEKIVA SPRINGS RD		
STE 201 LONGWOOD, FL 32779			STE 201 LONGWOC	LONGWOOD, FL 32779		
Current M	lailing Addres	s:	New Mailir	New Mailing Address:		
280 WEKIRA SPRINGS RD STE 201 LONGWOOD, FL 32779				280 WEKIVA SPRINGS RD		
			STE 201 LONGWOC	STE 201 LONGWOOD, FL 32779		
FEI Number:	: 59-3711288	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate	e of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
STE 201 LONGWO The above in the State	VA SPRINGS F OD, FL 32779 named entity se of Florida.		ourpose of changing it	s registered office or reç	gistered agent, or both,	
SIGNATU		o Signature of Degistered Ag	nnt .		Date	
Election Car		ic Signature of Registered Age Trust Fund Contribution ().	2 111.	D	ale	
OFFICER	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () RUSSELL, JOS 7045 HUNDRED COCOA, FL 32	ACRE DR	Title: Name: Address: City-St-Zip:	()Change()) Addition	
Title: Name: Address: City-St-Zip:	VPD () FYFE, TERRY 2937 MONACO ORLANDO, FL		Title: Name: Address: City-St-Zip:	()Change()) Addition	
Title: Name: Address: City-St-Zip:	SD (X) KIMBALL, PEGO 2853 CHARMON APOPKA, FL 32	IT DR	Title: Name: Address: Citv-St-Zip:	() Change ()) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH RUSSELL PRES 04/24/2006

(X) Change () Addition

JABLON, KEITH

329 BLUE STONE CIR

WINTER GARDEN, FL 34787