

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000047517**  
 1. Entity Name  
 SIS INTERNATIONAL RESEARCH INC.



Principal Place of Business: 950 S TAMIMI TRAIL STE 210, SARASOTA, FL 34236  
 Mailing Address: 950 S TAMIMI TRAIL STE 210, SARASOTA, FL 34236



07082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 13-4172964 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  
 STANAT, RUTH  
 950 S TAMIMI TRAIL STE 210  
 SARASOTA, FL 34236

**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 \$550.00**  
**Due by September 8, 2004**

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

1000000167412  
 07/20/04 0000 012 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STANAT, RUTH
STREET ADDRESS	950 S TAMIMI TRAIL STE 210
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 7/15/04 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR