

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91521 038 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000095816</b>			
1. Entity Name <b>INTEGRATION SOLUTIONS, INC.</b>			
Principal Place of Business 18101 FAIRMEAD CT LUTZ, FL 33548		Mailing Address 18101 FAIRMEAD CT LUTZ, FL 33548	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>2001 BRINSON Rd #204</b>		Suite, Apt. #, etc. <b>2001 BRINSON Rd #204</b>	
City & State <b>LUTZ FL</b>		City & State <b>LUTZ FL</b>	
Zip <b>33558</b>		Zip <b>33558</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1143015</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent <b>STINSON, RONALD B 2001 BRINSON RD., #204 LUTZ, FL 33558</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b>		Zip Code	
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 <u><i>Ronald B Stinson</i></u> DATE <u><b>4.23.2003</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when substituting)</small>			
FILE NOW!!! FEES \$150.00 After May 1, 2003 Fee will be \$450.00 Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PCEO</b>	NAME <b>STINSON, RONALD B</b>	TITLE <b>PCEO</b>	NAME <b>STINSON, RONALD B</b>
STREET ADDRESS <b>18101 FAIRMEAD CT</b>	CITY-ST-ZIP <b>LUTZ, FL 33548</b>	STREET ADDRESS <b>2001 BRINSON Rd #204</b>	CITY-ST-ZIP <b>LUTZ FL 33558</b>
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u><i>Ronald B Stinson</i></u>		DATE <u><b>4.23.2003</b></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034 (10/02)