2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# P02000048126

Entity Name: INTEGRATED TECHNOLOGY AND SOFTWARE, INC.

Current Principal Place of Business:

18950 NW 27 AVE - #204
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

18950 NW 27 AVE - #204
OPA LOCKA, FL 33056

New Mailing Address:

FEI Number: 03-0440380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERKIN, LAREN
18950 NW 27 AVE - #204
OPA LOCKA, FL 33056 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DSAP ( ) Delete
Name: PETERKIN, LAREN
Address: 18950 NW 27 AVE - #204
City-St-Zip: OPA LOCKA, FL 33056

Title: DVP ( ) Delete
Name: PETERKIN, DUANE
Address: 18950 NW 27 AVE - #204
City-St-Zip: OPA LOCKA, FL 33056

Title: D ( ) Delete
Name: MORANT, KEISHA
Address: 18950 NW 27 AVE - #204
City-St-Zip: OPA LOCKA, FL 33056

Title: DT ( ) Delete
Name: NOTEMAN, TAMIKO
Address: 18950 NW 27 AVE - #204
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAREN PETERKIN DSAP 05/04/2005

Electronic Signature of Signing Officer or Director Date