


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90452 008 ***150.00

DOCUMENT # P02000056304			
1. Entity Name INNOVATIVE COMP.SOLUTIONS, INC.			
Principal Place of Business 688 VERONICA CIRCLE OCOEE, FL 34761		Mailing Address 2012 SOMERSWORTH CT 688 Veronica Cir ORLANDO, FL 32835 OCOEE, FL 34761	
2. Principal Place of Business 688 Veronica Cir.		3. Mailing Address 688 Veronica Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCOEE, FL		City & State OCOEE, FL	
Zip 34761		Country Orange	
4. FEI Number 04-3671819		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLTON, BRIAN B 111 N MAITLAND AVE. MAITLAND, FL 32751		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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 <i>Shelissa Sh. Nile</i>		DATE 2/3/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PTS NILE, MELISSA M 688 VERONICA CIRCLE OCOEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Shelissa Sh. Nile</i>		DATE: 2/3/06 (407)967-1048	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	