2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118053

FILED May 01, 2009 Secretary of State

Entity Name: INCIDENT MANAGEMENT SOLUTIONS, INC. **New Principal Place of Business: Current Principal Place of Business:** 1118 S. HWY 27 CLERMONT, FL 34715 **Current Mailing Address: New Mailing Address:** P O BOX 391 MINNEOLA, FL 34755 FEI Number: 54-2079941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YEAGER, DAVID YEAGER, JUDY 218 MAGELLAN CIRCLE 1118 S HWY 27 MINNEOLA, FL 34715 CLERMONT, FL 3471 US 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: JUDY YEAGER 05/01/2009 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D VP () Delete () Change () Addition YEAGER, DAVID Name: Name: P O BOX 391 Address: Address: City-St-Zip: MINNEOLA, FL 34755 City-St-Zip: Title: DPT Title: () Change () Addition () Delete Name: YEAGER, JUDY Name: P O BOX 391 Address: Address: MINNEOLA, FL 34755 City-St-Zip: City-St-Zip:

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

SIGNATURE: JUDY YEAGER **DPT** 05/01/2009