

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000118053

**FILED  
Jun 03, 2011  
Secretary of State**

**Entity Name:** INCIDENT MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

501 S DISSTON AVE  
MINNEOLA, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 391  
MINNEOLA, FL 34755

**New Mailing Address:**

**FEI Number:** 54-2079941      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YEAGER, JUDY  
501 S DISSTON AVE  
MINNEOLA, FL 3471      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

**OFFICERS AND DIRECTORS:**

Title: D,VP  
Name: YEAGER, DAVID  
Address: P O BOX 391  
City-St-Zip: MINNEOLA, FL 34755

Title: D,PT  
Name: YEAGER, JUDY  
Address: P O BOX 391  
City-St-Zip: MINNEOLA, FL 34755

Title: VP  
Name: MOTES, WHITNEY E  
Address: PO BOX 391  
City-St-Zip: MINNEOLA, FL 34755

I hereby 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 all other like empowered.

SIGNATURE: WHITNEY MOTES

VP

06/03/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date