

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150058

FILED
Apr 30, 2005
Secretary of State

Entity Name: INTEGRATED ACCESS CONTROL, INC.

Current Principal Place of Business:

3448 GREEN PINE ROAD
YULEE, FL 32097 US

New Principal Place of Business:

96372 GREEN PINE ROAD
YULEE, FL 32097 US

Current Mailing Address:

3448 GREEN PINE ROAD
YULEE, FL 32097 US

New Mailing Address:

96372 GREEN PINE ROAD
YULEE, FL 32097 US

FEI Number: 20-0466710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUDA, PAMELA T
3448 GREEN PINE ROAD
YULEE,, FL 32097 US

Name and Address of New Registered Agent:

BRAUDA, PAMELA T
96372 GREEN PINE ROAD
YULEE,, FL 32097 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: PAMELA T. BRAUDA

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRAUDA, JOHN L
Address: 3448 GREEN PINE ROAD
City-St-Zip: YULEE, FL 32097 US

Title: VP () Delete
Name: BRAUDA, PAMELA T
Address: 3448 GREEN PINE ROAD
City-St-Zip: YULEE, FL 32097 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRAUDA, JOHN L
Address: 96372 GREEN PINE ROAD
City-St-Zip: YULEE, FL 32097 US

Title: VP (X) Change () Addition
Name: BRAUDA, PAMELA T
Address: 96372 GREEN PINE ROAD
City-St-Zip: YULEE, FL 32097 US

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: PAMELA T. BRAUDA

VP

04/30/2005

Electronic Signature of Signing Officer or Director

Date