## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2007 08:00 AM Secretary of State

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DOCUMENT # P04000042465  1. Entity Name INTELLIGENT MOBILE SOLUTIONS, INC.						Se	ecretary	of Stat
Bringing Place	no of Business	Mailing Address			1			
Principal Place of Business Mailing Address								
1801 SW 3RD AVE								
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address							8/   88    8 2  <b> </b>   8   8 9] <b> </b> 8	IFBF BIJJBEI II IJBI
Suite, Apt. #, etc.		Suite. Apt. #, etc.		4				
duite, Apt.	. <del>*, 616.</del>	Suite. Apt. #, etc.	ωια. ∧ρι. π, etc.		02082007 Chg-P CR2E034 (12/06)			
City & Star	te	City & State	City & State		4. FE! Number Applied For			
Only di billio		ony a diate		38-3698		<u> </u>	Not Applicab	
Zip	Country	Zip	Count	trv	00-0000	001	>	Additional
—· <b>F</b>	335mm,		000	,	5. Certificate o	f Status Desired	Fee Red	
· · · · ·	6. Name and Address of Current F	legistered Agent			7. Name and 4	ddress of New	Registered Agent	
		.eg.u.s.berrigen		Name			g.b.c.tod r.go	
CORPOR	ATE CREATIONS NETWORK,	NC.		NA - Same.				
	OSPERITY FARMS ROAD			Street Address (P.O. Box Number is Not Acceptable)				
#221E						·	<del></del>	<del> </del>
PALM BEA	ACH GARDENS, FL 33410							
-				City			<b>□</b> Zip	Code
							FL   Zip	0000
	a named entity submits this statement for	the purpose of changing its	s registere	ed office or register	red agent, or both	, in the State of F	florida. I am familiar i	with, and accep
the obliga	tions of registered agent.							
SIGNATURE.	N/A	` `						
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable (NO	TE: Registered	d Agant signature required	when reinstating)		DATE	
		<del></del>						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campa Trust Fund Con			.00 May Be led to Fees			
10.	OFFICERS AND (	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND DIRECT	TORS IN 11
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NAME	ORDONEZ, MIGUEL		NAME	: !		ԱՄԱՄԱՍ ՄՈՆ ԻՈՆ ԵՐ	)642416 <sup>□ cha</sup> -80040-025 :	י חר
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12. I hereby of	certify that the information supplied with t on this report or supplemental report is t	his filing does not qualify for	or the exe	mptions contained	l in Chapter 119, I	Florida Statutes.	I further certify that t	he information
of the cor	poration or the receiver or trustee empor	vered to execute this report	my signati Las requir	ed by Chapter 607	same legal ellect i '. Florida Statutes:	as a made under and that my nar	oam, mai i am an or ne appears in Block	iicer or director 10 or Block 11 if
changed,	poration or the receiver or trustee empoy , or on an attachment with an address, w	ith all other like empowered	i.	,				

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR