### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P04000045783**

 Entity Name SIIS. INC.



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

9968 119TH WAY N SEMINOLE, FL 33772 Mailing Address

9968 119TH WAY N SEMINOLE, FL 33772



#### DO NOT WRITE IN THIS SPACE

03092007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-1926157 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBENSTEIN, JOAN M 9968 119TH WAY N SEMINOLE, FL 33772

## DO NOT WRITE IN THIS SPACE

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.

10.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE RUBENSTEIN, JOAN M NAME STREET ADDRESS 9968 119TH WAY N CITY-ST-ZIP SEMINOLE, FL 33772 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-78P TITLE

000000720128 05/01/07-80089-019 150.00

# DO NOT WRITE IN THIS SPACE

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 effect like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

EMNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07

727 3923609

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Daytime Phone #