

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103738

FILED
Sep 14, 2007
Secretary of State

Entity Name: INNOVATION TECHNOLOGY SERVICES GROUP, INC.

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE
SUITE # 809
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON DRIVE
SUITE # 809
MIAMI, FL 33126

New Mailing Address:

FEI Number: 34-2007088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PACHAS, MILCIADES V
5201 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

CARPIO, REGULO
5201 BLUE LAGOON DRIVE
MIAMI, FL 33126 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: REGULO CARPIO

09/14/2007

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:

Title: P/D () Delete
Name: CARPIO, REGULO
Address: 5201 BLUE LAGOON DR. SUITE # 809
City-St-Zip: MIAMI, FL 33126

Title: VP/T () Delete
Name: CARPIO, REGULO
Address: 5201 BLUE LAGOON DR. SUITE # 809
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: CARPIO, REGULO
Address: 5201 BLUE LAGOON DR. SUITE # 809
City-St-Zip: MIAMI, FL 33126

Title: T () Delete
Name: PACHAS, MILCIADES V
Address: 5201 BLUE LAGOON DR. SUITE # 809
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MATOS, NINOSKA
Address: 5201 BLUE LAGOON DR. SUITE # 809
City-St-Zip: MIAMI, FL 33126

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: REGULO CARPIO

P/D

09/14/2007

Electronic Signature of Signing Officer or Director

Date