## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000120911

610 SE 14 CT. UNIT 2

FT LAUDERDALE, FL 33316

Address:

City-St-Zip:

Entity Name: INTEGRATED CONSTRUCTION SOLUTIONS, INC

FILED Apr 17, 2009 Secretary of State

y		WEB CONCINCOCHOIC COLO	7110110, 1110.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
8120 SW 191 ST MIAMI, FL 33157			8120 SW 191 ST CUTLER BAY, FL 3315	8120 SW 191 ST CUTLER BAY, FL 33157	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
8120 SW 1 MIAMI, FL			8120 SW 191 ST CUTLER BAY, FL 3315	7	
FEI Number	: 61-1481404	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DRUMMOND, YVONNE 8120 SW 191 ST MIAMI, FL 33157 US			8120 SW 191 ST CUTLER BAY, FL 3315	CUTLER BAY, FL 33157 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/17/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEOS ( DRUMMOND, 8120 SW 191 MIAMI, FL 33	ST	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	P ( DRUMMOND, 8120 SW 191 MIAMI, FL 33 <sup>4</sup>	ST	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	T ( DRUMMOND. I	) Delete MARK S	Title: ( Name:	) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROGER DRUMMOND P 04/17/2009