


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90280 039 \*\*\*158.75

<b>DOCUMENT # P04000139624</b> 1. Entity Name <b>INDOOR ENVIRONMENTAL SOLUTIONS, INC.</b>					
Principal Place of Business <b>3920 TURNBURY STREET VALRICO, FL 33594</b>			Mailing Address <b>3920 TURNBURY STREET VALRICO, FL 33594</b>		
2. Principal Place of Business <b>2605 PANKAW LANE</b>		3. Mailing Address <b>P.O. Box 1858</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>VALRICO, FL</b>		City & State <b>VALRICO, FL</b>		4. FEI Number <b>20-1737768</b>	
Zip <b>33594</b>		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAROUSSE, VICTOR M 2605 PANKAW LANE VALRICO, FL 33594</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAVIS, KENT G 3920 TURNBURY STREET VALRICO, FL 33594</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DAVIS, KENT G 3920 TURNBURY STREET VALRICO, FL 33594</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC. DAVIS, KENT G 3920 TURNBURY STREET VALRICO, FL 33594</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR DAVIS, KENT G 3920 TURNBURY STREET VALRICO, FL 33594</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT VICTOR M. BAROUSSE P.O. Box 1858 VALRICO, FL 33595-1858</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 other like empowered.					
<b>SIGNATURE: Victor M. Barousse Victor M. Barousse, Pres. 4/22/05 813-309-0851</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					