2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140236

Entity Name: INCLUSIVE TECHNOLOGY SOLUTIONS INC.

Current Principal Place of Business:	**New Principal Place of Business:**
8010 THOROUGHBRED LOOP LARGO, FL 33773	3552 MORGANS BLUFF COURT LAND O LAKES, FL 33758

Current Mailing Address:	**New Mailing Address:**
PO BOX 6024 CLEARWATER, FL 33758	3552 MORGANS BLUFF COURT LAND O LAKES, FL 33758

FEI Number: 20-1724110   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HOSSLER, COLBY D 8010 THOROUGHBRED LOOP CLEARWATER, FL 33758 US	HOSSLER, COLBY D 3552 MORGANS BLUFF COURT LAND O LAKES, FL 34638 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: COLBY D HOSSLER   04/13/2008

_____ Electronic Signature of Registered Agent _____   _____ Date _____

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P ( ) Delete
Name:	HOSSLER, COLBY D
Address:	PO BOX 6024
City-St-Zip:	CLEARWATER, FL 33758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PRES (X) Change ( ) Addition
Name:	HOSSLER, COLBY D
Address:	3552 MORGANS BLUFF COURT
City-St-Zip:	LAND O LAKES, FL 34638

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: COLBY D HOSSLER   PRES   04/13/2008

_____ Electronic Signature of Signing Officer or Director _____   _____ Date _____