


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90025 048 \*\*\*150.00

<b>DOCUMENT # P05000047187</b>	
1. Entity Name I.T. & ENGINEERING SOLUTIONS, INC.	

Principal Place of Business 160 E. LAKE BRANTLEY DR. LONGWOOD, FL 32779 US	Mailing Address 160 E. LAKE BRANTLEY DR. LONGWOOD, FL 32779 US
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40100253



2. Principal Place of Business 801 International Parkway Suite, Apt. #, etc. Suite 500 City & State Lake Mary, FL 32746 Zip 32746 Country U.S.A.	3. Mailing Address 801 International Parkway Suite, Apt. #, etc. Suite 500 City & State Lake Mary, FL Zip 32746 Country U.S.A.
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07192006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2585219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNCAN, CAROLYN J 160 E. LAKE BRANTLEY DR. LONGWOOD, FL 32779	
7. Name and Address of New Registered Agent Name Chris DeSmedt Street Address (P.O. Box Number is Not Acceptable) 801 International Parkway Suite 500 City Lake Mary FL Zip Code 32746	

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: CC DeSmedt DATE: 7/19/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESMEDT, CHRIS M 160 E. LAKE BRANTLEY DR. LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DeSmedt, Chris M. 801 International Parkway Suite 500 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 other like empowered.

SIGNATURE: CC DeSmedt DATE: 7/19/06 DAYTIME PHONE #: 401-562-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR