



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90037 017 ***150.00

DOCUMENT # P05000055397 1. Entity Name INTELLASERVICE MARKETING GROUP INC.					
Principal Place of Business 5311 STATE RD. 60 E DOVER, FL 33527			Mailing Address P.O. BOX 1393 DOVER, FL 33527		
2. Principal Place of Business - No P.O. Box # 8850 US HWY 1		3. Mailing Address P.O. BOX 701355			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SEBASTIAN, FL		City & State WABASSO, FL		4. FEI Number 20-2608844	
Zip 32976		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32970		Country USA		6. Name and Address of Current Registered Agent DELATORE, PATRICIA A. 5311 E. STATE RD. 60, STE. 35 DOVER, FL 33527 <div style="text-align: right; margin-top: 10px;">ADDRESS CHANGE</div>	
7. Name and Address of New Registered Agent Name PATRICIA A DELATORE Street Address (P.O. Box Number is Not Acceptable) 8850 US HWY 1, #314 City SEBASTIAN FL Zip Code 32976					
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 <u><i>Patricia A Delatore, President</i></u> DATE <u>4-2-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DELATORE, PATRICIA A. PO BOX 1393 DOVER, FL 33527 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DELATORE, PATRICIA A 8850 US HWY 1, #314 SEBASTIAN, FL 32976 <input checked="" 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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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: *Patricia A Delatore, President*

4-2-07