

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90030 038 ***158.75

DOCUMENT # P05000068835	
1. Entity Name I2M'S SERVICES, INC.	

Principal Place of Business 6410 METROWEST BV SUITE 1112 ORLANDO, FL 32835	Mailing Address 6410 METROWEST BV SUITE 1112 ORLANDO, FL 32835
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2. Principal Place of Business 4975 Warrior Lane	3. Mailing Address 4975 Warrior Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Kissimmee, FL	City & State Kissimmee FL
Zip 34746	Country USA
Zip 34746	Country USA



05152006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2800122		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PEREZ, ISMAEL 6410 METROWEST BV APT 1112 ORLANDO, FL 32835		
7. Name and Address of New Registered Agent Name PEREZ ISMAEL Street Address (P.O. Box Number is Not Acceptable) 4975 WARRIOR LANE City KISSIMMEE FL 34746		

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.

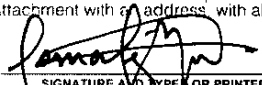
SIGNATURE  DATE **5/15/06**

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

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 P	☐ Delete	TITLE P	☒ Change ☐ Addition
NAME PEREZ, ISMAEL		NAME PEREZ ISMAEL	
STREET ADDRESS 6410 METROWEST BV APT 1112		STREET ADDRESS 4975 Warrior Lane	
CITY-ST-ZIP ORLANDO, FL 32835		CITY-ST-ZIP Kissimmee FL. 34746	
TITLE VP	☐ Delete	TITLE VP	☒ Change ☐ Addition
NAME BALAGUER, BRENDA L		NAME BALAGUER BRENDA L.	
STREET ADDRESS 6410 METROWEST BV APT 1112		STREET ADDRESS 4975 Warrior Lane	
CITY-ST-ZIP ORLANDO, FL 32835		CITY-ST-ZIP Kiss. FL. 34746	
TITLE TR	☐ Delete	TITLE TR	☒ Change ☐ Addition
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STREET ADDRESS 6410 METROWEST BV APT 1112		STREET ADDRESS 4975 Warrior Lane	
CITY-ST-ZIP ORLANDO, FL 32835		CITY-ST-ZIP Kissimmee FL. 34746	
TITLE S	☐ Delete	TITLE S	☒ Change ☐ Addition
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CITY-ST-ZIP ORLANDO, FL 32835		CITY-ST-ZIP Kiss. FL. 34746	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 it 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 address with all other like empowered.

SIGNATURE:  **Ismael Perez (P)** DATE **5/15/06** DAYTIME PHONE **407-791-2012**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR