2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# P07000025816

Entity Name: INTEGRATED SYSTEM PROFESSIONALS, INC.

Current Principal Place of Business:

5820 EDGEWATER DRIVE
ORLANDO, FL 32810

New Principal Place of Business:

9904 LANCEWOOD STREET
ORLANDO, FL 32817

Current Mailing Address:

5820 EDGEWATER DRIVE
ORLANDO, FL 32810

New Mailing Address:

9904 LANCEWOOD STREET
ORLANDO, FL 32817

FEI Number: 20-8517548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, ROSLIE L
4928 SHOSHONE STREET
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LAW, NICHOLAS D
9904 LANCEWOOD STREET
ORLANDO, FL 32817 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: NICHOLAS LAW 09/02/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAW, NICHOLAS D
Address: 4928 SHOSHONE STREET
City-St-Zip: ORLANDO,, FL 32819

Title: O/D (X) Delete
Name: SCHNEIDER, BRUCE E
Address: 5820 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: VP (X) Delete
Name: CARTER, DANIEL J
Address: 4928 SHOSHONE STREET
City-St-Zip: ORLANDO, FL 32819

Title: VP (X) Delete
Name: NAITHRAM, RICHARD
Address: 4928 SHOSHONE STREET
City-St-Zip: ORLANDO, FL 32819

Title: S/T (X) Delete
Name: TAYLOR, ROSLIE L
Address: 4928 SHOSHONE STREET
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LAW, NICHOLAS D
Address: 9904 LANCEWOOD STREET
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NICHOLAS LAW P 09/02/2008
Electronic Signature of Signing Officer or Director Date