2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094871

Entity Name: ISIM & ASSOCIATES, INC.

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1518 STATE AV 1518 STATE AVE HOLLY HILL, FL 32117 SUITE A

HOLLY HILL, FL 32117

Current Mailing Address: New Mailing Address:

1518 STATE AV 1518 STATE AVE HOLLY HILL, FL 32117 SUITE A

HOLLY HILL, FL 32117

FEI Number: 26-1251501 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:

MARKOVICS, HELGA
1518 STATE AV
HOLLY HILL, FL 32117 US

MARKOVICS, HELGA
1518 STATE AVE
SUITE A

HOLLY HILL, FL 32117 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: HELGA MARKOVICS 01/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: P/D (X) Change () Addition
Name: MARKOVICS, MICHAEL
Address: 1518 STATE AV Address: 1518 STATE AVE

 Address:
 1518 STATE AV
 Address:
 1518 STATE AVE

 City-St-Zip:
 HOLLY HILL, FL 32117
 City-St-Zip:
 HOLLY HILL, FL 32117

Title: VP () Delete Title: VP (X) Change () Addition Name: MARKOVICS, HELGA Name: MARKOVICS, HELGA

Address: 1518 STATE AV Address: 1518 STATE AVE
City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: HOLLY HILL, FL 32117

Title: S/D () Delete Title: S/D (X) Change () Addition

 Name:
 HILTON, MONIQUE
 Name:
 HILTON, MONIQUE

 Address:
 1518 STATE AV
 Address:
 1518 STATE AVE

 City-St-Zip:
 HOLLY HILL, FL 32117
 City-St-Zip:
 HOLLY HILL, FL 32117

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: HELGA MARKOVICS VP 01/06/2009