

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112249

FILED
Jan 08, 2009
Secretary of State

Entity Name: INTEGRATED MESSAGING SOLUTIONS INC.

Current Principal Place of Business:

12551 WESTBERRY HIDEAWAY LN
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12551 WESTBERRY HIDEAWAY LN
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 32-0219535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: HALL, JEFF
Address: 12551 WESTBERRY HIDEAWAY LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Delete
Name: RULE, SHANE
Address: 7525 FREE AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Delete
Name: WIELAND, ROBERT
Address: 7048 VALLEY CREST CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: LAUDAT, EDDIE
Address: 4139 CEDAR CREEK CIR #108
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D (X) Delete
Name: ROBERTS, LAMOUR
Address: 10124 DOUGLAS OAKS CIR, APT 304
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JEFF HALL

D/P

01/08/2009

Electronic Signature of Signing Officer or Director

Date