

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036570

FILED
Jun 30, 2009
Secretary of State

Entity Name: INTEGRATION SERVICES GROUP, INC.

Current Principal Place of Business:

14286-19 BEACH BOULEVARD
#267
JACKSONVILLE, FL 32250

New Principal Place of Business:

135 2ND AVE NORTH
SUITE 5C
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

14286-19 BEACH BOULEVARD
#267
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 26-2276737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHERN, FRED L JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH, FL 32250 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

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/T () Delete
Name: MACE, DARREN S
Address: 48 JACKSON AVENUE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: POUND, JOSEPH A JR.
Address: 13762 WHITE HERON PLACE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP (X) Delete
Name: NOVER, PHILLIP A
Address: 6585 WHITE BLOSSOM CIRCLE
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP/S (X) Delete
Name: GREENE, FRANK M
Address: 3845 FENWICK ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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:

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: DARREN MACE

P/T

06/30/2009

Electronic Signature of Signing Officer or Director

_____ Date