

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 16, 2009
Secretary of State**

DOCUMENT# P15459

Entity Name: THE INTERNATIONAL SOCIETY OF STRESS ANALYSTS , INC.**Current Principal Place of Business:**1065 N JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 US**New Principal Place of Business:**2609 MILTON AVE
KISSIMMEE, FL 34741 US**Current Mailing Address:**PO BOX 479
AMORY, MS 38821 US**New Mailing Address:**2609 MILTON AVE
KISSIMMEE, FL 34741 US

FEI Number: 23-7304712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:FULWIDER, JOHN F PHD
2609 MILTON AVE
KISSIMMEE, FL 34741 US**Name and Address of New Registered Agent:**BRUNETTE, LEO L
2609 MILTON AVE
KISSIMMEE, FL 34741 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: LEO BRUNETTE

08/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VPD () Delete
Name: BRUNETTE, LEO
Address: PO BOX 590
City-St-Zip: LACENTER, WA 98629Title: P/D () Delete
Name: FULWIDER, JOHN F PH D
Address: PO BOX 479
City-St-Zip: AMORY, MS 38821 USTitle: VP D () Delete
Name: SYLVESTRE, MICHAEL A
Address: 2609 MILTON AVENUE
City-St-Zip: KISSIMMIEE, FL 34741 USTitle: D () Delete
Name: GUAY, GLENN
Address: 23 BIRCHWOOD DRIVE
City-St-Zip: DAYVILLE, CN 06241 USTitle: VP () Delete
Name: MARINA-RESTREPO, LUZ L. AMER
Address: PO BOX 479
City-St-Zip: AMORY, MS 38821 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: BRUNETTE, LEO L
Address: PO BOX 590
City-St-Zip: LACENTER, WA 98629Title: D (X) Change () Addition
Name: FULWIDER, JOHN F PH D
Address: PO BOX 479
City-St-Zip: AMORY, MS 38821 USTitle: D (X) Change () Addition
Name: SYLVESTRE, MICHAEL A
Address: 2609 MILTON AVENUE
City-St-Zip: KISSIMMIEE, FL 34741 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: MARINA-RESTREPO, LUZ
Address: PO BOX 479
City-St-Zip: AMORY, MS 38821 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SYLVESTRE

D

08/16/2009

Electronic Signature of Signing Officer or Director

Date