


**2005 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P30701
1. Entity Name
BLACK CREEK INTEGRATED SYSTEMS CORP.



Principal Place of Business
2130 A.E. MOORE DRIVE
MOODY, AL 35004

Mailing Address
P.O. BOX 550
MOODY, AL 35004 US



DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
63-0998454

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC NEWTON, I.E., III 2130 A.E. MOORE DRIVE, P.O. BOX 550 MOODY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGHES, LARRY A 2130 A.E. MOORE DRIVE, P.O. BOX 550 MOODY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, CONNIE 2130 A.E. MOORE DRIVE, P.O. BOX 550 MOODY, AL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Hill 1/14/05 205-640-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #