


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000078662	
1. Entity Name INTERNATIONAL SPORTS SERVICES, INC.	

Principal Place of Business 2169 S.E. ERWIN RD PORT ST. LUCIE, FL 34952 US	Mailing Address 2169 S.E. ERWIN RD PORT ST. LUCIE, FL 34952 US
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DO NOT WRITE IN THIS SPACE



02122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0525308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSS, RETISHA 2169 S.E. ERWIN ROAD PORT ST. LUCIE, FL 34952
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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: *Bert Richardson* DATE: 2/12/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, BERT 2169 SE ERWIN ROAD PORT ST. LUCIE, FL 34952
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UNIQUE 438810
03-01-06-80020-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: *Bert Richardson* 2-12-06 772-337-1711

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