2007 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name

INTEGRATED SOFTWARE SOLUTIONS, CORP.

DOCUMENT # P95000087438



Principal Place of Business

5220 S. UNIVERSITY DR.

SUITE 204C DAVIE, FL 33328 US Mailing Address

P. O. BOX 822272

SOUTH FLORIDA, FL 33082-2272

FILED Apr 13, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01092007 No Chg-P

| 4. FEI Number | | | Applied For |
|----------------------------------|--|-------------------|---------------|
| 65-0630071 | | [| Not Applicabl |
| 5. Certificate of Status Desired | | \$8.75 Additional | |

6. Name and Address of Current Registered Agent

GURIAN, JORGE **75 VALENCIA WAY** FLOOR 4 CORAL GABLES, FL

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plans of registered agent. | ourpose of changing its registere | id office or i | registered agent, or bot | h, in the State of Florida. I am familiar with, and accept |
|--|--|---|--|--|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and title | If applicable. (NOTE: Registered | i Agent signatur | e required when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOP BREZAULT, THEDY 18523 SW 41 STREET MIRAMAR, FL 33029 | , | | | 1100000705645 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | , | 000000705645 04/23/07-80060-010 150.0 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | DO NOT WRITE | | |
| IITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN 7 | THIS SPACE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby of indicated of the corchanged. | certify that the information supplied with this fil on this report or supple hental report is true a poration or the receiver of trustee empowered or on an attachment with an address with all | ling does not qualify for the exe and accurate and that my signate to execute this report as requir other the empowered. | mptions col ure shall haved by Chap | ntained in Chapter 119, ve the same legal effect ter 607, Florida Statutes | , Florida Statutes. I further certify that the information t as if made under oath; that I am an officer or directors; and that my name appears in Block 10 or Block 11 if |

NAME OF SIGNING OFFICER OR DIRECTOR