

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000026488

FILED
Jan 18, 2008
Secretary of State

Entity Name: INVESTMENT SERVICES GROUP, INC.

Current Principal Place of Business:

132 HARSTON CT
HEATHROW, FL 32746

New Principal Place of Business:

6585 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952

Current Mailing Address:

PO BOX 953725
LAKE MARY, FL 32795

New Mailing Address:

6585 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952

FEI Number: 59-3371443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTH, J. TODD
2699 LEE ROAD
SUITE 120
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS (X) Delete
Name: BROOKS, WENDELL L
Address: 132 HARSTON CT
City-St-Zip: HEATHROW, FL 32746

Title: DVPT () Delete
Name: DEAN, JOHN O
Address: 6585 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN O. DEAN

DVPT

01/18/2008

Electronic Signature of Signing Officer or Director

_____ Date