## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000029787

City-St-Zip:

GAINESVILLE, FL 32608

FILED Apr 28, 2007 Secretary of State

Entity Name: ISAAC'S SERVICES INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1301 S. POWERLINE ROAD UNIT 16 POMPANO BEACH, FL 33069					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1301 S. POWERLINE ROAD UNIT 16 POMPANO BEACH, FL 33069					
FEI Number:	65-0662916	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
KOCHKERIAN, JOHN 10301 SW 52ND AVENUE GAINESVILLE, FL 32608 US			KOCHKERIAN, JOHN 6459 NW 78 PLACE PARKLAND, FL 33067	6459 NW 78 PLACE	
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JOHN KOCHKERIAN				04/28/2007	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) KOCHKERIAN, 6459 NW 78TH PARKLAND, FL	PLACE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( ) KOCHKERIAN, 6459 NW 78TH PARKLAND, FL	PLACE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	TD (X KOCHKERIAN, 10301 SW 52N		Title: ( Name: Address:	) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: ARTIN KOCHKERIAN PD 04/28/2007