

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062693

Entity Name: ISAS, INC.

FILED
Aug 18, 2004
Secretary of State

Current Principal Place of Business:

27748 SKYLAKE CIRCLE
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

2287 ALSACE TERRACE
ST. PETERSBURG, FL 33714 US

Current Mailing Address:

27748 SKYLAKE CIRCLE
WESLEY CHAPEL, FL 33543 US

New Mailing Address:

2287 ALSACE TERRACE
ST. PETERSBURG, FL 33714 US

FEI Number: 59-3401960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JULIAN, CHAMBERS
27748 ,SKYLAND CIRCLE
ZEPHYRHILLS, FL 33543 US

Name and Address of New Registered Agent:

JULIAN, CHAMBERS
2287 ALSACE TERRACE
ST. PETERSBURG, FL 33714 US

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: JULIAN CHAMBERS

08/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAMBERS, JULIAN
Address: 27748 SKYLAKE CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAMBERS, JULIAN
Address: 2287 ALSACE TERRACE
City-St-Zip: ST. PETERSBURG, FL 33714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JULIAN CHAMBERS

PD

08/18/2004

Electronic Signature of Signing Officer or Director

Date