

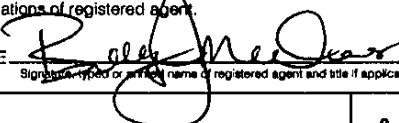
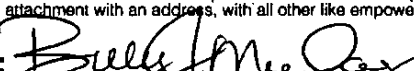


FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000017185				Jan 12, 2007 08:00 Secretary of State	
1. Entity Name INTELLIGENT SAFETY SYSTEMS, INC.					
Principal Place of Business 96000 OVERSEASHINAY R-5 KEY LARGO, FL 33037 US		Mailing Address 96000 OVERSEASHINAY R-5 KEY LARGO, FL 33037 US			
DO NOT WRITE IN THIS SPACE					
		01092007 No Chg-P CR2E034 (11/05)			
		4. FEI Number 65-0727598		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 MEADOWS, BILLY J 96000 OVERSEAS HIWAY R-5 KEY LARGO, FL 33037		DO NOT WRITE IN THIS SPACE			
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 11/9/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CEO MEADOWS, BILLY J 96000 OVERSEAS HIWAY R-5 KEY LARGO, FL 33037			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P MEADOWS, JENNY 96000 OVERSEAS HIGHWAY R-5 KEY LARGO, FL 33037			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 all other like empowered.					
SIGNATURE: 		Date 11/9/07			
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			