

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90032 045 \*\*\*150.00

90032000



02152005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000107723</b>			
1. Entity Name INTELLIGENCE SERVICES CORPORATION			
Principal Place of Business 700 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401		Mailing Address 5725 CORPORATE WAY STE 101 WEST PALM BEACH, FL 33407	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0800174		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 MEYERS, GAIL C C/O MCGRATH & MEYERS PA 5725 CORPORATE WAY #101 WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name: <i>MeYers, Gail C</i> Street Address (P.O. Box Number is Not Acceptable): <i>Co Meyers &amp; Associate, CPA, PA</i> <i>5725 Corporate Way #101</i> City: <i>West Palm Beach</i> FL Zip Code: <i>33407</i>	
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: <i>Gail C Meyers</i> DATE: <i>3/9/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HALMOS, PETER 700 S OLIVE AVENUE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEYERS, GAIL C 5725 CORPORATE WAY #101 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Gail C Meyers* DATE: *3/9/05* DAYTIME PHONE #: *361-684-6604*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR