

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 28, 2008  
Secretary of State**

DOCUMENT# P97000107723

Entity Name: INTELLIGENCE SERVICES CORPORATION

**Current Principal Place of Business:**

700 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

5725 CORPORATE WAY  
STE 101  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 65-0800174      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEYERS, GAIL C  
C/O MEYERS & ASSOCIATES, CPA PA  
5725 CORPORATE WAY #101  
WEST PALM BEACH, FL 33407 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

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: HALMOS, PETER  
Address: 700 S OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: MEYERS, GAIL C  
Address: 5725 CORPORATE WAY #101  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP ( ) Delete  
Name: KIRKPATRICK, MICHAEL  
Address: 700 S OLIVE AVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: HALMOS, PETER  
Address: 700 S OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: HALMOS, NICHOLAS K  
Address: 5725 CORPORATE WAY #101  
City-St-Zip: WEST PALM BEACH, FL 33407

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: GAIL C. MEYERS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

08/28/2008

\_\_\_\_\_  
Date