

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107723

FILED
Mar 02, 2009
Secretary of State

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:

C/O MEYERS & ASSOCIATE CPA PA
5725 CORPORATE WAY, STE 101
WEST PALM BEACH, FL 33407

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (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 (X) Change () Addition
Name: HALMOS, NICHOLAS K
Address: 315 CLARKE AVENUE
City-St-Zip: PALM BEACH, FL 33480

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

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03/02/2009

_____ Date