2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P98000012351

Entity Name: ISA/TIME MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

1351 CONSERVANCY DR. E.
TALLAHASSEE, FL 32312

New Principal Place of Business:

225 BUENA VISTA AVE
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

P.O. BOX 14058
TALLAHASSEE, FL 32317

New Mailing Address:

225 BUENA VISTA AVE
PANAMA CITY BEACH, FL 32413

FEI Number: 59-3491864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THRASHER, ELWIN R
908 N. GADSDEN ST
TALLAHASSEE, FL 32303 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HANCOCK, GORDON B
Address: 1351 CONSERVANCY DR. E.
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete
Name: HANCOCK, ROSALIND D
Address: 1351 CONSERVANCY DR. E.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HANCOCK, GORDON B
Address: 225 BUENA VISTA AVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VP (X) Change ( ) Addition
Name: HANCOCK, ROSALIND D
Address: 225 BUENA VISTA AVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: ROSALIND HANCOCK VP 05/01/2009

Electronic Signature of Signing Officer or Director Date