2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90046 005 ***150.00

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1. Entity Name
FACILITY INTEGRATION SOLUTIONS, INC.

50004600

01102005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2323 S WASHINGTON AVE #214 TITUSVILLE, FL 32780 US	2323 S WASHINGTON AVE #214 TITUSVILLE, FL 32780 US

2. Principal Place of Business	3. Mailing Address
24088 Sisler Avenue	P.O. Box 1358
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Christmas, FL	City & State: Christmas FL
Zip: 32709 Country: USA	Zip: 32709 Country: USA

4. FEI Number: 59-3567749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDERMOTT, JOHN M III 2323 S WASHINGTON AVE, SUITE 214 TITUSVILLE, FL 32780	Name Street Address (P.O. Box Number is Not Acceptable)* 24088 Sisler Avenue City: Christmas FL Zip Code: 32709

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: _____ 1/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDERMOTT, JOHN M III 2323 S WASHINGTON AVE, SUITE 214 TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	24088 Sisler Avenue Christmas, FL 32709
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCDERMOTT, JOHN M II 8 CHESTNUT CT PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCDERMOTT, BARBARA B 24088 SISLER AVE CHRISTMAS, FL 32709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

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: Barbara B McDermott Barbara B McDermott 1/17/05 4075681159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #