2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90445 016 ***158.75

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1. Entity Name

FACILITY INTEGRATION SOLUTIONS, INC.

Principal Place of Business	Mailing Address
24088 SISLER AVENUE CHRISTMAS FL 32709 US	P O BOX 1358 CHRISTMAS FL 32709 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
2323 S. Washington Ave	
Suite, Apt. #, etc.: Suite 213	Suite, Apt. #, etc.
City & State: Titusville, FL 32780	City & State
Zip: 32780 Country: USA	Zip Country

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 24088 SISLER AVENUE CHRISTMAS FL 32709	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	X V MCDERMOTT, JOHN M III 24088 SISLER AVENUE CHRISTMAS FL 32709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	D Richard LeNeve 6846 Dickison Rd Dunlap, IL, 61525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROGER SCHENCK 514 Ankler lane Metamora, IL 61548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JEFF PENNINGTON 1309 WOODS FARM LN SPRINGFIELD IL, 62704	☐ 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 exemptions contained in Section 119, 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: Richard LeNeve 4/21/06 309-266-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #