## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000084384

FILED Apr 28, 2005 Secretary of State

Entity Name: INTEGRATED SYSTEMS SOLUTIONS PROVIDERS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1580 SAWGRASS CORP. PKWY., #130 13729 NW 22 PL SUNRISE, FL 33323 SUNRISE, FL 33323 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 490202 FORT LAUDERDALE, FL 333490202 FEI Number: 65-0949508 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, DELBERT 13729 N.W. 22 PLACE SUNRISE, FL 33323 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WHITE, DELBERT Name: Name: 13729 NW 22ND PLACE Address: Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: ( ) Delete Title: Title: () Change () Addition BLACKWELL, FRIEDA Name: Name: 13729 NW 22ND PLACE Address: Address: SUNRISE, FL 33323 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DELBERT WHITE PC 04/28/2005