

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085566

FILED
Jan 10, 2005
Secretary of State

Entity Name: INTEGRATED HOME SYSTEMS, INC.

Current Principal Place of Business:

9831 CONSERVATION DRIVE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

5320 LITTLE RD
PMB 300
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 59-3599210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANTONE, DOLORES J
5320 LITTLE RD P.M.B. 300
NEW PORT RICHEY, FL 34655 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: D () Delete
Name: SANTONE, DONATO
Address: 9831 CONSERVATION DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: SANTONE, DOLORES J
Address: 9831 CONSERVATION DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DOLORES J. SANTONE

D

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date