

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085566

FILED  
Mar 05, 2009  
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:

PO BOX 849  
NEW PORT RICHEY, FL 34656

## 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  
9831 CONSERVATION DR  
NEW PORT RICHEY, FL 34655 US

## Name and Address of New Registered Agent:

SANTONE, DOLORES J P  
9831 CONSERVATION DR  
NEW PORT RICHEY, FL 34655 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: DS

03/05/2009

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SANTONE, DOLORES J  
Address: PO BOX 849  
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: S (X) Change ( ) Addition  
Name: SANTONE, DOLORES J  
Address: PO BOX 849  
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: VP ( ) Change (X) Addition  
Name: SANTONE, DONATO  
Address: PO BOX 849  
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: T ( ) Change (X) Addition  
Name: SANTONE, DONATO  
Address: PO BOX 849  
City-St-Zip: NEW PORT RICHEY, FL 34656

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: DS

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date