

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092358

FILED
Jan 25, 2008
Secretary of State

Entity Name: INTER STATE SPECIAL SERVICES, CORP.

Current Principal Place of Business:

9752 W SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

9660 W SAMPLE RD
SUITE 104
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

9752 W SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

New Mailing Address:

9660 W SAMPLE RD
SUITE 104
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0955686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAJIC, CHARICE J
9752 W SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

ZAJIC, CHARICE J
9660 W SAMPLE RD.
SUITE 104
CORAL SPRINGS, FL 33065 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:

01/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: ZAJIC, CHARICE J
Address: 9752 W SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: P () Delete
Name: OLIVERI, BARBARA
Address: 9752 W. SAMPLE RD.
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: ZAJIC, CHARICE J
Address: 9660 W SAMPLE RD. SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: P (X) Change () Addition
Name: OLIVERI, BARBARA
Address: 9660 W SAMPLE RD. SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: BARBARA OLIVERI

P

01/25/2008

Electronic Signature of Signing Officer or Director

Date