## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 08:00 AM Secretary of State

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DOCUMENT # V36302				3	ecretary of Sta	ite
ENVIRONMENTAL INFORMATION SYSTEMS, INC.						
691 ACACIA AVE.	ailing Address 191 ACACIA AVE. MELBOURNE VILLAGE, FL 32904			אינון <b>אינוע א</b> ינון אינון אינ	er Mani estes engli enem enem enem en monte	
DO NOT WRITE IN THIS SPACE		CE	04052004 4. FE! Numb 59-312	No Chg-P	CR2E034 (10/03)  Applied For Not Applied  \$8.75 Additional Fee Required	
5. Name and Address of Current Regi	istered Agent					
DUEDALL, IVER W. 691 ACACIA AVE. MELBOURNE VILLAGE, FL 32904		DO NOT WRITE IN THIS SPACE				
The above named entity submits this statement for the the obligations of registered agent  SIGNATURE  Signature, typed or printed name of registered agent and to	<u>.</u>		egistered agent, or bo	oth, in the State of F	londa 1 am familiar with, and acce	∌pt
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	U0600 04/23/04	0125852 -80011-002 150.00	
10. OFFICERS AND DIR	ECTORS					
TITLE D  NAME DUEDALL, IVER W.  STREET ADDRESS 691 ACACIA AVE.  CITY-ST-ZIP MELBOURNE VILLAGE, FL  TITLE D  NAME SHIEH, CHIH-SHIN  STREET ADDRESS 636 FISHTAIL PALM BLVD.						
CITY-ST-ZIP MELBOURNE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT V	VRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS S		
TITLE NAME						

12. Thereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under eath, 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:

STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP

Chih-Shin Shiek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

(321)223-3989

Daytime Phone #