


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90367 025 ***150.00

DOCUMENT # V48847			
1. Entity Name INNOVATIVE SOFTWARE SYSTEMS, INC.			
Principal Place of Business 125 OAKWOOD WAY LAKE WORTH FL 33463 US		Mailing Address 125 OAKWOOD WAY LAKE WORTH FL 33463 US	
2. Principal Place of Business 6945 TRADEWIND WAY Suite, Apt. #, etc. LAKE WORTH		3. Mailing Address 6945 TRADEWIND WAY Suite, Apt. #, etc. LAKE WORTH	
City & State LAKE WORTH, FLA.		City & State LAKE WORTH, FLA.	
Zip 33462	Country USA	Zip 33462	Country USA
6. Name and Address of Current Registered Agent PISA, BRUNO 125 OAKWOOD WAY LAKE WORTH FL 33463 →		7. Name and Address of New Registered Agent Name BRUNO PISA Street Address (P.O. Box Number is Not Acceptable) 6945 TRADEWIND WAY City LAKE WORTH FL Zip Code 33462	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Bruno Pisa</u> (BRUNO PISA) DATE <u>APRIL 12, 2006</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISA, BRUNO 125 OAKWOOD WAY LAKE WORTH FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISA, BRUNO 6945 TRADEWIND WAY LAKE WORTH, FL. 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruno Pisa (BRUNO PISA) 4/12/06 (561) 585-8301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #