


**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 Mailing Address

~~125 OAKWOOD WAY~~  
~~LAKE WORTH FL 33463~~  
~~US~~

125 OAKWOOD WAY  
 LAKE WORTH FL 33463  
 US



2. Principal Place of Business 3. Mailing Address

**6945 TRADEWIND WAY** **6945 TRADEWIND WAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

**LAKE WORTH**

1st MOORE CR2E034 (10/05)

City & State City & State

**LAKE WORTH, FLA.** **LAKE WORTH, FLA.**

Zip Country Zip Country

**33462 USA 33462 USA**

4. FEI Number **65-0347013**

Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 **Bruno Pisa (BRUNO PISA)** **APRIL 12, 2006**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PISA, BRUNO	
STREET ADDRESS	125 OAKWOOD WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISA, BRUNO	
STREET ADDRESS	6945 TRADEWIND WAY	
CITY-ST-ZIP	LAKE WORTH, FL. 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #