

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001490

FILED
Apr 06, 2007
Secretary of State

Entity Name: INDEPENDENT TELECOMMUNICATIONS SYSTEMS, INC.

Current Principal Place of Business:

4079 PARK EAST COURT
GRAND RAPIDS, MI 49546

New Principal Place of Business:

Current Mailing Address:

2912 LAKESIDE DRIVE
OKLAHOMA CITY, OK 73120

New Mailing Address:

5909 NW EXPRESSWAY, SUITE 403
OKLAHOMA CITY, OK 73132

FEI Number: 38-2642388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SWEEZIE, ROBERT
Address: 4079 PARK EAST COURT
City-St-Zip: GRAND RAPIDS, MI 49546

Title: CD () Delete
Name: SWEEZIE, ROBERT
Address: 4079 PARK EAST COURT
City-St-Zip: GRAND RAPIDS, MI 49546

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT SWEEZIE

PST

04/06/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date