
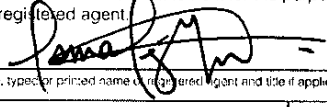
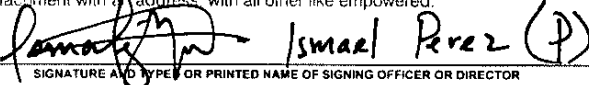


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90030 038 \*\*\*158.75

DOCUMENT # P05000068835			
1. Entity Name I2M'S SERVICES, INC.			
Principal Place of Business 6410 METROWEST BV SUITE 1112 ORLANDO, FL 32835		Mailing Address 6410 METROWEST BV SUITE 1112 ORLANDO, FL 32835	
2. Principal Place of Business 4975 Warrior Lane		3. Mailing Address 4975 Warrior Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State Kissimmee FL	
Zip 34746	Country USA	Zip 34746	Country USA
4. FEI Number 20-2800122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEREZ, ISMAEL 6410 METROWEST BV APT 1112 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name PEREZ ISMAEL Street Address (P.O. Box Number is Not Acceptable) 4975 WARRIOR LANE City KISSIMMEE FL Zip Code 34746	
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 		DATE 5/15/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PEREZ, ISMAEL STREET ADDRESS 6410 METROWEST BV APT 1112 CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE P NAME PEREZ ISMAEL STREET ADDRESS 4975 Warrior Lane CITY-ST-ZIP Kissimmee Fl. 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BALAGUER, BRENDA L STREET ADDRESS 6410 METROWEST BV APT 1112 CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE VP NAME BALAGUER BRENDA L. STREET ADDRESS 4975 Warrior Lane CITY-ST-ZIP Kiss. Fl. 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TR NAME PEREZ, ISMAEL STREET ADDRESS 6410 METROWEST BV APT 1112 CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE TR NAME PEREZ ISMAEL STREET ADDRESS 4975 Warrior Lane CITY-ST-ZIP Kissimmee Fl. 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BALAGUER, BRENDA L STREET ADDRESS 6410 METROWEST BV CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE S NAME BALAGUER BRENDA L. STREET ADDRESS 4975 Warrior Lane CITY-ST-ZIP Kiss. Fl. 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Ismael Perez (P)		Date 5/15/06	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 407-791-2012	