


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000027158 1. Entity Name FACILITY INTEGRATION SOLUTIONS, INC.	
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Principal Place of Business 2323 S WASHINGTON AVE SUITE 213 TITUSVILLE, FL 32780 US	Mailing Address P O BOX 1358 CHRISTMAS, FL 32709 US
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04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, JOHN M III
24088 SISLER AVENUE
CHRISTMAS, FL 32709

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000913253
05/08/08-80008-022 159.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDERMOTT, JOHN M III 24088 SISLER AVENUE CHRISTMAS, FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENEVE, RICHARD 6746 DICKISON RD DUNLAP, IL 61525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHECK, ROGER 514 ANKLE LANE METAMORA, IL 61548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PENNOINGTON, JEFF 1309 WOODS FARM LANE SPRINGFIELD, IL 62704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/17/08 309-246-8774