


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90046 005 ***150.00

DOCUMENT # P99000027158 1. Entity Name FACILITY INTEGRATION SOLUTIONS, INC.			
Principal Place of Business 2323 S WASHINGTON AVE #214 TITUSVILLE, FL 32780 US		Mailing Address 2323 S WASHINGTON AVE #214 TITUSVILLE, FL 32780 US	
2. Principal Place of Business 24088 Sisler Avenue		3. Mailing Address P.O. Box 1358	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Christmas, FL		City & State Christmas, FL	
Zip 32709		Zip 32709	
Country USA		Country USA	
4. FEI Number 59-3567749		Applied For <input type="checkbox"/> 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 2323 S WASHINGTON AVE, SUITE 214 TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 24088 Sisler Avenue City Christmas FL Zip Code 32709	
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><i>John M. McDermott</i></u> DATE: <u>1/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 MCDERMOTT, JOHN M III 2323 S WASHINGTON AVE, SUITE 214 TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24088 Sisler Avenue Christmas, FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDERMOTT, JOHN M II 8 CHESTNUT CT PALM COAST, FL 32137 <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	T MCDERMOTT, BARBARA B 24088 SISLER AVE CHRISTMAS, FL 32709 <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
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 exemption stated in Section 119.07(3)(i), 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: <u><i>Barbara B McDermott</i></u> Barbara B McDermott		Date: <u>1/17/05</u> Daytime Phone #: <u>407 5681159</u>	

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01102005 Chg:P CR2E034 (10/03)