
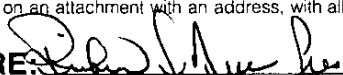


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90445 016 ***158.75

DOCUMENT # P99000027158 1. Entity Name FACILITY INTEGRATION SOLUTIONS, INC.			
Principal Place of Business 24088 SISLER AVENUE CHRISTMAS FL 32709 US		Mailing Address P O BOX 1358 CHRISTMAS FL 32709 US	
2. Principal Place of Business 2323 S. Washington Ave Suite, Apt. #, etc. Suite 213 City & State Titusville, FL 32780 Zip 32780 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3567749		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent MCDERMOTT, JOHN M III 24088 SISLER AVENUE CHRISTMAS FL 32709		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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. <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	<input checked="" type="checkbox"/> ✓ <input type="checkbox"/> Delete MCDERMOTT, JOHN M III 24088 SISLER AVENUE CHRISTMAS FL 32709	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> ✓ <input type="checkbox"/> Delete S MCDERMOTT, JOHN M II 8 CHESTNUT CT PALM COAST FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> ✓ <input type="checkbox"/> Delete T MCDERMOTT, BARBARA B 24088 SISLER AVE CHRISTMAS FL 32709	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"/> □ <input type="checkbox"/> Delete D Richard LeNeve 6846 Dickison Rd Dunlap, IL 61525	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"/> □ <input type="checkbox"/> Delete 8 ROGER SCHENCK 514 Anklerlane Metamora, IL 61548	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"/> □ <input type="checkbox"/> Delete T JEFF PENNINGTON 1309 WOODS FARM LN SPRINGFIELD IL 62704	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 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:  Richard LeNeve <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/21/06 Daytime Phone #: 309-266-8774	