2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027158

Entity Name: FACILITY INTEGRATION SOLUTIONS, INC.

FILED Jul 19, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2323 S W	ASHINGTON A	√E			
SUITE 213		ПО			
TTTUSVILI	LE, FL 32780	US			
Current N	failing Addres	s:	New Mailing Address	:	
P O BOX CHRISTM	1358 IAS, FL 32709	US			
FEI Number: 59-3567749		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
24088 SIS	OTT, JOHN M I ELER AVENUE IAS, FL 32709	II US			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
		c Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	V () MCDERMOTT, J 24088 SISLER / CHRISTMAS, FL	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LENEVE, RICHA 6746 DICKISON DUNLAP, IL 618	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete SCHECK, ROGER 514 ANKLE LANE p: METAMORA, IL 61548		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () PENNOINGTON 1309 WOODS F SPRINGFIELD.	ARM LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD LENEVE PRES 07/19/2007