

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002663

FILED
Jan 30, 2008
Secretary of State

Entity Name: INTEGRATED FINANCIAL SETTLEMENTS, INC.

Current Principal Place of Business:

3500 FINANCIAL PLAZA, SUITE 400
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

3500 FINANCIAL PLAZA, SUITE 400
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 20-4029426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLLMAN, KYLE
3500 FINANCIAL PLAZA, SUITE 400
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: DIAMANTIS, CHRIS
Address: 3500 FINANCIAL PLAZA, SUITE 400
City-St-Zip: TALLAHASSEE, FL 32312

Title: VCP () Delete
Name: BOWERS, JEFFREY
Address: 12825 FLUSHING MEADOW DRIVE
City-St-Zip: ST LOUIS, MO 63131

Title: DS () Delete
Name: COLEMAN, SEAN J
Address: 5 CONCOURSE PKWY, SUITE 2100
City-St-Zip: ATLANTA, GA 30328

Title: DCFO () Delete
Name: BOLLMAN, KYLE
Address: 3500 FINANCIAL PLAZA, SUITE 400
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: BOLLMAN, KYLE
Address: 3500 FINANCIAL PLAZA, SUITE 400
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KYLE M. BOLLMAN

CFO

01/30/2008

Electronic Signature of Signing Officer or Director

Date