## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000000430

Entity Name: INTEGRATED ACTUARIAL SERVICES, INC.

FILED Apr 22, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 700 WEST GRANADA BLVD., #104 ORMOND BEACH, FL 32174 **Current Mailing Address: New Mailing Address:** 700 WEST GRANADA BLVD., #104 ORMOND BEACH, FL 32174 FEI Number: 36-3981554 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAVANAGH, MELISSA KAVANAGH, BERNARD 3111 KAILANI COURT 3111 KAILANI COURT ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 US US 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: BERNARD KAVANAGH 04/22/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition KAVANAUGH, BRIAN KAVANAGH, BRIAN Name: Name: 3111 KAILANI CT. 3111 KAILANI CT. Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: Title: ( ) Delete () Change () Addition Name: KEATING, MARY K Name: 3111 KAILANI CT. Address: Address: ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition PITONIAK, MARC Name: Name: 10244 LONGMONT DRIVE Address: Address: City-St-Zip: HOUSTON, TX City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KAVANAUGH, MELISSA KAVANAGH, JAMES Name: Name: Address: 1 JOHN ANDERSON DR. #118 Address: 20 TALAQUAH BLVD City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32174 Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES KAVANAGH V 04/22/2004

KAVANAGH, BERNARD

ORMOND BEACH, FL 32174

3111 KAILANI CT.

Name:

Address:

City-St-Zip: