


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000000430</b>	
1. Entity Name INTEGRATED ACTUARIAL SERVICES, INC.	

Principal Place of Business 700 WEST GRANADA BLVD., #104 ORMOND BEACH, FL 32174	Mailing Address 700 WEST GRANADA BLVD., #104 ORMOND BEACH, FL 32174
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3981554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAVANAGH, BERNARD  
3111 KAILANI COURT  
ORMOND BEACH, FL 32174

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KAVANAGH, BRIAN
STREET ADDRESS	3111 KAILANI CT.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	S
NAME	KEATING, MARY K
STREET ADDRESS	3111 KAILANI CT.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	V
NAME	KAVANAGH, JAMES
STREET ADDRESS	20 TALAQUAH BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	P
NAME	KAVANAGH, BERNARD
STREET ADDRESS	3111 KAILANI CT.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/22/07-80004-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #