

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002825

FILED  
Jan 17, 2008  
Secretary of State

**Entity Name:** THE INTEGRITY BENEFIT NETWORK, INC.

**Current Principal Place of Business:**

2727 CANTON ROAD STE 510  
MARIETTA, GA 30066

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4537  
MARIETTA, GA 300614537

**New Mailing Address:**

**FEI Number:** 58-2015763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCCLURE, WILLIAM A  
138 NORTH ONE DR STE B  
SAINT AUGUSTINE, FL 32095 US

**Name and Address of New Registered Agent:**

MCCLURE, WILLIAM A  
333 STOKES CREEK DRIVE  
SAINT AUGUSTINE, FL 32095 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: \_\_\_\_\_

01/17/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: BUCHANAN, JOSEPH D  
Address: 2727 CANTON ROAD STE 510  
City-St-Zip: MARIETTA, GA 30066

Title: VCST ( ) Delete  
Name: KILLIAN, CHERYL A  
Address: 2727 CANTON ROAD STE 510  
City-St-Zip: MARIETTA, GA 30066

Title: D (X) Delete  
Name: MACLURE, WILLIAM  
Address: 137 NORTH ONE DRIVE STE B  
City-St-Zip: ST AUGUSTINE, FL 32095

**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:

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: CHERYL KILLIAN

SEC

01/17/2008

Electronic Signature of Signing Officer or Director

Date