
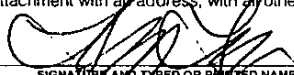


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90185 002 ***150.00

DOCUMENT # F98000004748					
1. Entity Name INTEGRATED DISABILITY RESOURCES, INC.					
Principal Place of Business 320 W. NEWBERRY BLOOMFIELD, CT 06002		Mailing Address 320 W. NEWBERRY BLOOMFIELD, CT 06002			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1470184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORAN, THOMAS 127 GREAT POND RD SIMSBURY, CT 06070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIXA, DAVID 222 FARMS VILLAGE RD. WEST SIMSBURY, CT 06092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANFIELD, DON 521 SOUTH LANE GRANVILLE, MA 01034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Joe Noto 106 Windward Place Southington CT 06489 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUBOIS, LYNN 26 SMITH LANE BURLINGTON, CT 06013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CA YOSUA, FRED 10 MCKENNEY POINT RD. CHEBEAGUE ISLAND, ME 04017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Paul Fields 388 Cape Road Hollis Center, ME 04042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Tom Foran, Vice President		4/26/05 (860) 616-4003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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Officers - Integrated Disability Resources, Inc.

NAME	TITLE	BUSINESS ADDRESS
John Wiggins	President, CEO and Treasurer	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002
Joseph Noto	Chief Operating Officer	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002
David Nixa	Vice President, Administration Secretary	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002
Thomas Foran	Vice President, Underwriting	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002
Lynn Dubois	Vice President, Claims and Services	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002
Fred Yosua	Chief Actuary	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002
Paul Fields	Chief Reinsurance Officer Chief Financial Officer	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002

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Board of Directors - Integrated Disability Resources, Inc.			
NAME	BUSINESS ADDRESS	RESIDENCE ADDRESS	
John Wiggin	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	6 Fawnbrook Lane Simsbury, CT 06070	
Paul Fields	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	388 Cape Road Hollis Center, ME 04042	
Lynn Dubois	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	26 Smith Lane Burlington, CT 06013	
Ronald L. Jensen	Pinnacle TPA Services, LLC 6500 N. Bellline Road, Suite 170 Irving, TX 75063	4700 Windsor Ridge Irving, TX 75038	
Julie Jensen	Pinnacle TPA Services, LLC 6500 N. Bellline Road, Suite 170 Irving, TX 75063	6220 Garnett Drive Chevy Chase, MD 20815	
Lou Anne Jensen	Pinnacle TPA Services, LLC 6500 N. Bellline Road, Suite 170 Irving, TX 75063	7802 Leesburg Drive Colleyville, TX 76034	
Daniel Graf	Pinnacle TPA Services, LLC 6500 N. Bellline Road, Suite 170 Irving, TX 75063	2820 Southshore Drive Grapevine, TX 76051	