

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M71563

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: INTEGRA BUSINESS SYSTEMS, INC.

## Current Principal Place of Business:

701 ENTERPRISE RD E  
STE 100  
SAFETY HARBOR, FL 34695

## New Principal Place of Business:

## Current Mailing Address:

701 ENTERPRISE RD E  
STE 100  
SAFETY HARBOR, FL 34695

## New Mailing Address:

FEI Number: 59-2874420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDERS, WALTER S  
16528 N DALE MABRY HWY  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

WIESSNER, ALAN J  
701 ENTERPRISE ROAD EAST #100  
SAFETY HARBOR, FL 34695 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: ALAN J. WIESSNER

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WIESSNER, ALAN J  
Address: 701 ENTERPRISE RD E  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VP ( ) Delete  
Name: ROSS, ABBY  
Address: 4094 AUSTON WAY  
City-St-Zip: PALM HAROBR, FL 34685 US

Title: VP ( ) Delete  
Name: STINE, AARON  
Address: 1316 BROOKVIEW DRIVE  
City-St-Zip: ODESSA, FL 33556 US

Title: VP ( ) Delete  
Name: YAHRE, ADAM  
Address: 16712 WHIRLEY DRIVE  
City-St-Zip: LUTZ, FL 33558 US

Title: VP ( ) Delete  
Name: HAERTEL, ROBERT  
Address: 3995 EAGLE COVE DRIVE EAST  
City-St-Zip: PALM HARBOR, FL 33685 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: ROSS, ABBY  
Address: 4094 AUSTON WAY  
City-St-Zip: PALM HAROBR, FL 34685 US

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: ALAN J. WIESSNER

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date