

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093904

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** INTEGRATED RISK DECISIONS, INC.

**Current Principal Place of Business:**

15 NW 26 STREET  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

10135 GATE PARKWAY NORTH  
#508  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

15 NW 26 STREET  
GAINESVILLE, FL 32607

**New Mailing Address:**

10135 GATE PARKWAY NORTH  
#508  
JACKSONVILLE, FL 32246

**FEI Number:** 59-3674474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOONE, SAM W JR  
605 NE 1 STREET  
SUITE E  
GAINESVILLE, FL 32601 US

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

HUFFMAN, WILLIAM F  
10135 GATE PARKWAY NORTH  
#508  
JACKSONVILLE, FL 32246 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: WILLIAM F HUFFMAN

03/18/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HUFFMAN, WILLIAM F  
Address: 10135 GATE PARKWAY NORTH  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM F HUFFMAN

P

03/18/2010

Electronic Signature of Signing Officer or Director

Date