

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003454

Entity Name: THE IBCS GROUP, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

6352 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL

New Principal Place of Business:

944 GLENWOOD STATION LANE
104
CHARLOTTESVILLE, VA 22901 US

Current Mailing Address:

6352 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL

New Mailing Address:

944 GLENWOOD STATION LANE
104
CHARLOTTESVILLE, VA 22901 US

FEI Number: 47-0938504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PISCITELLI, MIKE A
300 SW 1ST AVENUE, SUITE 150
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

PISCITELLI, MIKE A
300 SW 1ST AVENUE,
SUITE 150
FT. LAUDERDALE, FL 33301 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:

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: SCARBOROUGH, ED C D/CEO
Address: 700 OVERLOOK DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D/ST () Delete
Name: SCARBOROUGH, YVONNE K D/S/T
Address: 700 OVERLOOK DR.
City-St-Zip: WINTER HAVEN, FL 33384

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: SCARBOROUGH, ED C D/CEO
Address: 944 GLENWOOD STATION LANE
City-St-Zip: CHARLOTTESVILLE, VA 22901 US

Title: D/ST (X) Change () Addition
Name: SCARBOROUGH, YVONNE K D/S/T
Address: 944 GLENWOOD STATION LANE
City-St-Zip: CHARLOTTESVILLE, VA 22901 US

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: ANNAMARIE BONANNO/EXEC. ASST.

ASST

01/20/2009

Electronic Signature of Signing Officer or Director

Date