2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# P05000092749

Entity Name: INNOVATIVE HEALTHCARE BENEFITS, INC.

Current Principal Place of Business:

200 COLONIAL CENTER PARKWAY
SUITE 270
LAKE MARY, FL 32746 US

New Principal Place of Business:

1230 TADSWORTH TERRACE
HEATHROW, FL 32746 US

Current Mailing Address:

200 COLONIAL CENTER PARKWAY
SUITE 270
LAKE MARY, FL 32746 US

New Mailing Address:

1230 TADSWORTH TERRACE
HEATHROW, FL 32746 US

FEI Number: 20-3073186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORBERG, GUY P
200 COLONIAL CENTER PARKWAY
SUITE 270
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

NORBERG, GUY P
1230 TADSWORTH TERRACE
HEATHROW, FL 32746 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: 03/14/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NORBERG, GUY P
Address: 1230 TADSWORTH TERRACE
City-St-Zip: HEATHROW, FL 32746 US

Title: SEC ( ) Delete
Name: NORBERG, GUY P
Address: 1230 TADSWORTH TERRACE
City-St-Zip: HEATHROW, FL 32746 US

Title: TRES ( ) Delete
Name: NORBERG, GUY P
Address: 1230 TADSWORTH TERRACE
City-St-Zip: HEATHROW, FL 32746 US

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 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: GUY P. NORBERG PRES 03/14/2007
Electronic Signature of Signing Officer or Director — Date