2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092749

Entity Name: INNOVATIVE HEALTHCARE BENEFITS, INC.

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1230 TADSWORTH TERRACE 3373 FOXMEADOW COURT HEATHROW, FL 32746 US LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

1230 TADSWORTH TERRACE 3373 FOXMEADOW COURT HEATHROW, FL 32746 US LONGWOOD, FL 32779 US

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

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

NORBERG, GUY P
1230 TADSWORTH TERRACE
HEATHROW, FL 32746 US

NORBERG, GUY P
3373 FOXMEADOW COURT
LONGWOOD, FL 32779 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: 03/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition NORBERG, GUY P NORBERG, GUY P Name: Name: 1230 TADSWORTH TERRACE 3373 FOXMEADOW COURT Address: Address: City-St-Zip: HEATHROW, FL 32746 US City-St-Zip: LONGWOOD, FL 32779 US

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 NORBERG, GUY P
 Name:
 NORBERG, GUY P

 Address:
 1230 TADSWORTH TERRACE
 Address:
 3373 FOXMEADOW COURT

 City-St-Zip:
 HEATHROW, FL 32746 US
 City-St-Zip:
 LONGWOOD, FL 32779 US

Title: TRES () Delete Title: TRES (X) Change () Addition

Name:NORBERG, GUY PName:NORBERG, GUY PAddress:1230 TADSWORTH TERRACEAddress:3373 FOXMEADOW COURTCity-St-Zip:HEATHROW, FL 32746 USCity-St-Zip:LONGWOOD, FL 32779 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: GUY P. NORBERG PRES 03/30/2009