2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000150103

INNOVATIVE GLOBAL SOLUTIONS, INC.



Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

350 FT. PICKENS RD. PENSACOLA BEACH, FL 32561

350 FT. PICKENS RD. PENSACOLA BEACH, FL 32561

US

FILED Apr 21, 2008 08:00 Al Secretary of State



04172008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-8065241

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OUWERKERK, MARK D 350 FT. PICKENS ROAD PENSACOLA BEACH, FL 32561

DO NOT WRITE IN THIS SDACE

				II.V		AU-	
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	U0000 05/06/08	0909631 3-80078-008	150.00
10.	OFFICERS AND DIRECT	TORS				erikan di berah	40.514 20.00
TITLE	Р						
NAME	REESE, NADEAN	ŀ					
STREET ADDRESS	1548 TOWNSHIP ROAD 30						
CITY-ST-ZIP	ADA, OH 45810						
TITLE	VP				e saini		
NAME	OUWERKERK, MARK D	ŀ					
STREET ADDRESS	ESS 350 FT. PICKENS ROAD						
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	<u> </u>					
TITLE	S						
NAME	OUWERKERK, MARK D	İ					
STREET ADDRESS	350 FT. PICKENS ROAD	L		no.	NOT WAT	DITE	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561			الالا	NOT W	KIIE	
TITLE	Т			IN 7	THIS SP	ACF	
NAME	REESE, STEPHEN C						
STREET ADDRESS	1548 TOWNSHIP ROAD 30						
CITY-ST-ZIP	ADA, OH 45810						
TITLE							
NAME CIRCET ADDRESS							
STREET ADDRESS	1	L L	■ A397, 4 (4), 4).	and the second control of the second control		t 1, 1,2 t 4, 34 (4),4 (4),4	1.893.35 1.71 (2.4)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

🖊 Nadean Reese