2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150103

REESE, STEPHEN C

ADA, OH 45810 US

1548 TOWNSHIP ROAD 30

Name:

Address:

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

Entity Na	me: INNOVAT	TVE GLO	BAL SOLUTIONS,	INC.		
Current Principal Place of Business:				New Principal Pla	New Principal Place of Business:	
	CKENS RD. DLA BEACH, FI	L 32561	US			
Current Mailing Address:				New Mailing Add	New Mailing Address:	
	CKENS RD. DLA BEACH, FI	L 32561	US			
FEI Number	: 20-8065241	FEI Num	ber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Addres	Name and Address of New Registered Agent:	
350 FT. PI	ERK, MARK D CKENS ROAD DLA BEACH, FI)	US	OUWERKERK, MA 350 FT. PICKENS PENSACOLA BEA	ROAD	
in the State	e of Florida.			purpose of changing its regist	ered office or registered agent, or both,	
SIGNATU	RE: MARK D.		∖⊑ਲਨ ıre of Registered A	gent	03/30/2009 Date	
Election Car		_	d Contribution ().	gent	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () REESE, NADEA 1548 TOWNSH ADA, OH 45810	IP ROAD 30	1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () OUWERKERK, 350 FT. PICKEI PENSACOLA B	NS ROAD	32561 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () OUWERKERK, 350 FT. PICKEN PENSACOLA B	NS ROAD	32561 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete		Title:	() Change () Addition	

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NADEAN REESE **PRES** 03/30/2009