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COVER LETTER

SUBJECT: INNOVATION BENEFITS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P07000027880

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Steve Keenan

(Name of Person)

Innovation HR, Inc.

(Name of Firm/Company)

1701 Sunset Avenue, Suite 208

(Address)

Rocky Mount NC 27804

(City/State and Zip Code)

For further information concerning this matter, please call:

Street Address:

Steve Keenan

TO:

Amendment Section Division of Corporations

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

252 442-9007
(Area Code & Daytime Telephone Number)
252 - 904 - 351 7-/

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



herehy resion as	Secretary
, nereby resign us_	(Title)
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ration)	
	nder the laws of the State of
of Saturday,	Oct 25, 2008 and the

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314