## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000096334

Address:

City-St-Zip:

FILED Jul 14, 2009 Secretary of State

Entity Na	me: INTERNA	TIONAL BIOHAZARD SERVIO	CES, INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	LYWOOD BLV DOD, FL 33020					
Current Mailing Address:			New Maili	New Mailing Address:		
	LYWOOD BLV DOD, FL 33020					
FEI Number	: 65-0801166	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
2231 HOL	K, WALTER LYWOOD BLV DOD, FL 33020					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUI						
	Electron	ic Signature of Registered Age	ent		Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PHILBRICK, WA	DOD BLVD.	Title: Name: Address: City-St-Zip:		(X) Change()Addition , WALTER YWOOD BLVD. OD, FL 33020	
Title: Name:	( )	Delete	Title: Name:	VP LOCKIE, TH	( ) Change (X) Addition HOMAS	

Address:

2231 HOLLYWOOD BLVD

City-St-Zip: HOLLYWOOD, FL 33020

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: WALTER PHILBRICK **PRES** 07/14/2009