2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000045664

1. Entity Name
INTEGRATED BENEFIT SOLUTIONS, INC.

Principal Place of Business

2672 WEST LAKE RD.
PALM HARBOR, FL 34684

Mailing Address

2672 WEST LAKE RD.
PALM HARBOR, FL 34684

DO NOT WRITE IN THIS SPACE

04132008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3578160	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REZANKA, THOMAS W
2672 WEST LAKE RD.
PALM HARBOR, FL 34684

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000905120
05/01/08-80039-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PDT
NAME	REZANKA, KAREN T
STREET ADDRESS	2672 WEST LAKE RD.
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	S
NAME	REZANKA, THOMAS W
STREET ADDRESS	2672 WEST LAKE RD
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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.

SIGNATURE: _Karen J. Rezanka_ Karen T. Rezanka 4-14-08 727-771-1646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #