## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000045664

Entity Name: INTEGRATED BENEFIT SOLUTIONS, INC.

FILED Apr 18, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

2672 WEST LAKE RD. 2672 WEST LAKE RD.

PALM HARBOR, FL 34684 US

Current Mailing Address: New Mailing Address:

2672 WEST LAKE RD. 2672 WEST LAKE RD

PALM HARBOR, FL 34684 US

FEI Number: 59-3578160 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

PALM HARBOR, FL 34684 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Electronic elginature of registered rigent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT () Delete Title: PDT (X) Change () Addition

 Name:
 REZANKA, KAREN T
 Name:
 REZANKA, KAREN T

 Address:
 2672 WEST LAKE RD.
 Address:
 2672 WEST LAKE RD.

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:
 PALM HARBOR, FL 34684 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 REZANKA, THOMAS W
 Name:
 REZANKA, THOMAS W

 Address:
 2672 WEST LAKE RD
 Address:
 2672 WEST LAKE RD

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:
 PALM HARBOR, FL 34684 US

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: KAREN T. REZANKA PDT 04/18/2009