

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**FILED
May 11, 2007
Secretary of State**

DOCUMENT# F00000006792

Entity Name: INSTITUTE FOR BUSINESS & HOME SAFETY INCORPORATED

Current Principal Place of Business:4775 E FOWLER
TAMPA, FL 33617**New Principal Place of Business:**4775 E FOWLER AVE.
TAMPA, FL 33617**Current Mailing Address:**4775 E FOWLER
TAMPA, FL 33617**New Mailing Address:**4775 E FOWLER AVE.
TAMPA, FL 33617FEI Number: 23-2049143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**RYLAND, HARVEY
4775 E FOWLER
TAMPA, FL 33617 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:**Title: D () Delete
Name: RYLAND, HARVEY
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617Title: D () Delete
Name: RAUCY, DOUGLAS
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617Title: D () Delete
Name: RUSSELL, JAMES
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617Title: D () Delete
Name: BARBER, KEVIN
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: REINHOLD, TIM
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG RAUCY

D

05/11/2007

Electronic Signature of Signing Officer or Director_____
Date