


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F08558 1. Entity Name INTERNATIONAL PROPERTY ADVISORS, INC.	
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Principal Place of Business 500 PALM STREET - SUITE A WEST PALM BEACH, FL 33401 US	Mailing Address 500 PALM STREET - SUITE A WEST PALM BEACH, FL 33401 US
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2. Principal Place of Business	3. Mailing Address	02012005 Chg-P CR2E034 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip Country	Zip Country	

4. FEI Number 59-2088757	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAESE, CAROLINE
4906 SUNNY LANE
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	S CASE, ANNETTE	<input type="checkbox"/>
NAME	1270 CAROUSEL WAY	
STREET ADDRESS	WEST PALM BEACH, FL	
CITY-ST-ZIP		
TITLE	T ESPEUT, BARBARA	<input type="checkbox"/>
NAME	4906 SUNNY LANE	
STREET ADDRESS	WEST PALM BEACH, FL 33415	
CITY-ST-ZIP		
TITLE	PD CASE, ROY	<input type="checkbox"/>
NAME	122 N E 5TH AVE	
STREET ADDRESS	DELRAY BCH, FL 00000,	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000322635		
NAME	04/22/05-80021-010 150.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:  **ROY CASE** 18 APRIL '05 561 655 1222