


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003381
 1. Entity Name
 INTER-CITY UPBEAT, INC.



Principal Place of Business Mailing Address
 1897 PALM BEACH LAKES BLVD. 931 VILLAGE BLVD. 905-PMB83
 221 WEST PALM BEACH, FL 33409 US
 WEST PALM BEACH, FL 33409



04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0763401 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TIPTON, TOMMY
 1897 PALM BEACH LAKES BLVD.
 221
 WEST PALM BEACH, FL 33409

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

000000344252
 04/29/05-80129-014 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, SUSAN
STREET ADDRESS	151 SARATOGA BLVD WEST
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	P
NAME	TIPTON, TOMMY
STREET ADDRESS	501 S. CONGRESS AVE.
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	V
NAME	WATFORD, ROBERT
STREET ADDRESS	1233 45TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	HIGHTOWER, KHALIYAH
STREET ADDRESS	401 WEDGEWOOD PLAZA DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33404
TITLE	D
NAME	RUSSELL, LATANYA
STREET ADDRESS	1447 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	BROWN, JONATHAN
STREET ADDRESS	1233 45TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

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 617, 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 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 561-688-1800
 Date Daytime Phone #