

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90380 034 ****70.00

DOCUMENT # N97000003381			
1. Entity Name INTER-CITY UPBEAT, INC.			
Principal Place of Business 1897 PALM BEACH LAKES BLVD. 221 WEST PALM BEACH, FL 33409		Mailing Address 931 VILLAGE BLVD, 905-PMB83 WEST PALM BEACH, FL 33409 US	
2. Principal Place of Business		3. Mailing Address 6170 SHERWOOD GLEN WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 1	
City & State		City & State WPB, FL	
Zip	Country	Zip	Country
		33415	U.S.
4. FEI Number 65-0763401		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TIPTON, TOMMY 1897 PALM BEACH LAKES BLVD. 221 WEST PALM BEACH, FL 33409		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 _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SUSAN	NAME	
STREET ADDRESS	151 SARATOGA BLVD WEST	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPTON, TOMMY	NAME	
STREET ADDRESS	501 S. CONGRESS AVE.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATFORD, ROBERT	NAME	
STREET ADDRESS	1233 45TH STREET	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, KHALIYAH	NAME	
STREET ADDRESS	401 WEDGEWOOD PLAZA DR.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33404	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, LATANYA	NAME	
STREET ADDRESS	1447 PALM BEACH LAKES BLVD	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JONATHAN	NAME	
STREET ADDRESS	1233 45TH STREET	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other title empowered.			
SIGNATURE: _____		Date: 4/28/06	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	