

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065729

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: INTEGRATED PROJECT DELIVERY, INC.

**Current Principal Place of Business:**

1411 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

1411 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**New Mailing Address:**

FEI Number: 59-3660820      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CONROY, CAROL A  
1411 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805    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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CCEO ( ) Delete  
Name: MATTHEWS, OWEN STROUD  
Address: 2034 COVE TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: DVP ( ) Delete  
Name: ROBERTS, JAMES  
Address: 1748 COLLEEN DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: T ( ) Delete  
Name: CRAIN, SHANE L  
Address: 14232 MAILER BLVD  
City-St-Zip: ORLANDO, FL 32828

Title: S ( ) Delete  
Name: CONROY, CAROL A  
Address: 419 MINNEHAHA ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: DP ( ) Delete  
Name: TERRITO, JOE  
Address: 441 ENTERPRISE STREET  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL A. CONROY

Electronic Signature of Signing Officer or Director

SEC

02/21/2008

\_\_\_\_\_ Date