2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90382 008 ***150.00

DOCUMENT # P04000159964

1. Entity Name
I BAGS INC.

60023119

Principal Place of Business	Mailing Address
1558 SE HATFIELD COURT PORT ST LUCIE, FL 34985	P.O. BOX 7276 PORT ST. LUCIE, FL 34985

03292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1662 S.E. Kestwick Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie, Fl	City & State
Zip: 34952 Country: St Lucie	Zip Country

4. FEI Number: 201935696 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELAPLAINE, STEVE 1558 SE HATFIELD COURT PORT ST LUCIE, FL 34985	Name Street Address (P.O. Box Number is Not Acceptable): 1662 S.E. KESTWICK CT PORT ST LUCIE, FL. 34985 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: Steve Delaplaine 3/29/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELAPLAINE, STEVE 1558 SE HATFIELD COURT PORT ST LUCIE, FL 34985	☐ Delete	PD Delaplaine, Steve 1662 S.E. Kestwick Ct. Port St Lucie Fl 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 607, 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: Steve Delaplaine 3/29/06 772-335 8355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CK 326 $150 CC