2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 21, 2005 08:00 AM Secretary of State **DOCUMENT # 135166** 1. Entity Name IVAN MUNROE INC. Principal Place of Business Mailing Address 3263 SE DIXIE HWY. 3263 SE DIXIE HWY. STUART, FL 34997 STUART, FL 34997 No Cha-P CR2E034 (10/03) 02162005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-6063168 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MUNROE, IVAN DO NOT WRITE 1619 NW RIVER TR. STUART, FL 34994 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DTD TITLE MUNROE, IVAN NAME 1619 NW RIVER TR. STREET ADDRESS CITY-ST-ZIP STUART, FL VSD TITLE MUNROE, ANNE H. NAME STREET ADDRESS 1619 NW RIVER TR. CITY-ST-ZIP STUART, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Time I M

SIGNATURE:	Ivan Meinere	LYAN	MUN'RUE
	SIGNATURE AND TYPED OR PRINTED I	NAME OF SIGNING OFFICER OR	DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE MANAE STREET ADDRESS CITY-ST-ZIP