## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # 408496** 04-19-2005 90393 031 \*\*\*150.00 1. Entity Name INNOVATIVE PROGRAMS INCORPORATED Principal Place of Business Mailing Address 50038720 20940 NW MIAMI COURT 20940 NW MIAMI COURT MIAMI, FL 33169 MIAMI, FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162005 Chq-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-1424515 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREGANDE, BARBARA J Street Address (P.O. Box Number is Not Acceptable) 20940 NW MIAMI COURT N MIAMI, FL 33169 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. Signature, byoed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ TITLE ☐ Addition TITLE Delete Change BREGANDE BARBARA J NAME NAME 20940 NW MIAMI COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL ☐ Delete TITLE Change Addition TITLE STEWART, TESSAMAE NAME NAME STREET ADDRESS 20940 N.W. MIAMI COURT STREET ADDRESS MIAMI, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME\* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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. TESSAMAE STEWART SIGNATURE:

**FILED**