


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 408496 1. Entity Name INNOVATIVE PROGRAMS INCORPORATED																																									
Principal Place of Business 20940 NW MIAMI COURT MIAMI, FL 33169	Mailing Address 20940 NW MIAMI COURT MIAMI, FL 33169																																								
DO NOT WRITE IN THIS SPACE																																									
6. Name and Address of Current Registered Agent BREGANDE, BARBARA J 20940 NW MIAMI COURT N MIAMI, FL 33189																																									
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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) <small>Signature, typed or printed name of registered agent and title if applicable</small>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																							
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td>PD</td> </tr> <tr> <td>NAME</td> <td>BREGANDE, BARBARA J</td> </tr> <tr> <td>STREET ADDRESS</td> <td>20940 NW MIAMI COURT</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>STEWART, TESSAMAE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>20940 N.W. MIAMI COURT</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>	TITLE	PD	NAME	BREGANDE, BARBARA J	STREET ADDRESS	20940 NW MIAMI COURT	CITY- ST- ZIP	MIAMI, FL	TITLE	D	NAME	STEWART, TESSAMAE	STREET ADDRESS	20940 N.W. MIAMI COURT	CITY- ST- ZIP	MIAMI, FL	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<div style="text-align: right; font-family: monospace;"> U00000529434 05/05/06-80075-017 150.00 </div> <div style="text-align: center; height: 100px; font-size: 24px; font-weight: bold;"> DO NOT WRITE IN THIS SPACE </div>
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> 4/18/06 305 652-1778 </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Date Daytime Phone # </div>																																							