

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -9 PM 5:31

DOCUMENT # 422236 1. Entity Name INDIAN RIVER BUSINESS PARK, INC.					
Principal Place of Business 17361 SE INDIAN HILLS DR. TEQUESTA, FL 33469		Mailing Address PO BOX 4264 JUPITER, FL 33469			
2. Principal Place of Business 4411 BEACON CIRCLE Suite, Apt. #, etc. SUITE 4		3. Mailing Address 4411 BEACON CIRCLE Suite, Apt. #, etc. SUITE 4			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 59-1593842	
Zip 33407		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, LAURA L 17361 SE INDIAN HILLS DRIVE TEQUESTA, FL 33469				7. Name and Address of New Registered Agent Name M CHRIS EDWARDS Street Address (P.O. Box Number is Not Acceptable) 1001 N US HIGHWAY #2, STE 400 City JUPITER	
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 <u><i>M. Chris Edwards</i></u> M. CHRIS EDWARDS <u>5/5/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT KING, LAURA L 17361 SE INDIAN HILLS DR. TEQUESTA, FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PARRISH, KENNETH J. 4411 BEACON CIRCLE, STE 4 WEST PALM BEACH, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EDWARDS, BRIAN G 4411 BEACON CIRCLE, STE 4 WEST PALM BEACH, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REXFORD, JOHN 4411 BEACON CIRCLE, STE 4 WEST PALM BEACH, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300075108753 05/24/06--01003--020 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Brian G. Edwards</i></u> BRIAN G. EDWARDS, DIRECTOR <u>5/5/06</u> 561-848-2522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

M. Williams MAY -9 2006