2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90163 028 ***150.00

DOCUMENT # 629135

1. Entity Name
INTERNATIONAL REAL ESTATE PLANNERS AND DEVELOPERS, INC.

Principal Place of Business	Mailing Address
ONE N FAIRFAX AVE STE 200 WINTER SPRINGS, FL 32708 US	ONE N FAIRFAX AVE STE 200 WINTER SPRINGS, FL 32708 US

04232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
APOPKA 140 SAGEWOOD CT. FL 32703	140 SAGEWOOD CT APOPKA, FL 32703
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL 32703	City & State: APOPKA, FL
Zip: 32703 Country: SEMINOLE	Zip: 32703 Country: SEMINOLE

4. FEI Number 59-1921666 ☐ 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
DEYOT, E. JOHN ONE N FAIRFAX AVE STE 200 WINTER SPRINGS, FL 32708	Name: E. JOHN DEYOT Street Address (P.O. Box Number is Not Acceptable): 140 SAGEWOOD CT City: APOPKA, FL Zip Code: 32703

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DEYOT, E. JOHN ONE N FAIRFAX AVE WINTER SPRINGS, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition - 140 SAGEWOOD CT - APOPKA FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: E. John Deyot 4-23-06 407/788-2322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #