

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90088 048 \*\*\*150.00

<b>DOCUMENT # F01000005476</b> 1. Entity Name <b>IVY ENGINEERING ASSOCIATES, INC.</b>					
Principal Place of Business <b>2821 WHISPER BAY BLVD GULF BREEZE, FL 32563-2656</b>			Mailing Address <b>2821 WHISPER BAY BLVD GULF BREEZE, FL 32563-2656</b>		
2. Principal Place of Business <i>1358 Whisper Bay Blvd</i> Suite, Apt. #, etc.		3. Mailing Address <i>1358 Whisper Bay Blvd</i> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>64-0576538</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>IVY, CHARLES B 2821 WHISPER BAY BLVD GULF BREEZE, FL 32563-2656</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1358 Whisper Bay Blvd</i> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD <input type="checkbox"/> Delete <b>IVY, CHARLES B 2821 WHISPER BAY BLVD GULF BREEZE, FL 325632656</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1358 Whisper Bay Blvd</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>IVY, NANCY T 2821 WHISPER BAY BLVD GULF BREEZE, FL 325632656</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1358 Whisper Bay Blvd</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>IVY, MARGUERITE C 543 OVERSTREET DRIVE STARKVILLE, MS 39759</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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.					
<b>SIGNATURE:</b> <i>Charles B. Ivy</i> <b>President</b> <b>3-13-06</b> <b>(850) 916-5104</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

\* The county recently changed the office/house number. all other information remains the same.