

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002277

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: I.P.I., INC.

**Current Principal Place of Business:**

1623 DESOTO RD.  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

3190 MALLARD COVE LANE  
FORT WAYNE, IN 46804

**New Mailing Address:**

FEI Number: 35-1967837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, STEPHEN CFO  
1623 DESOTO ROAD  
SARASOTA, FL 34234 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SWANSON, TIMOTHY V  
Address: 3190 MALLARD COVE LANE  
City-St-Zip: FORT WAYNE, IN 46804

Title: CFO ( ) Delete  
Name: MILLER, STEPHEN  
Address: 3190 MALLARD COVE LANE  
City-St-Zip: FORT WAYNE, IN 46804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN MILLER

CFO

02/12/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date