

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003514

Entity Name: IGE SUPPLY SOLUTIONS, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

167 MILK STREET, SUITE 407  
C/O ATTY. HAGGERTY  
BOSTON, MA 02109

## New Principal Place of Business:

17 RAYMOND COURT  
C/O ATTY. HAGGERTY  
GEORGETOWN, MA 01933

## Current Mailing Address:

1601 PARK LANE SOUTH, SUITE 300  
JUPITER, FL 33458

## New Mailing Address:

FEI Number: 04-3381947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPELLMAN, CAROYLN  
1601 PARK LANE SOUTH, SUITE 300  
JUPITER, FL 33458 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: PST ( ) Delete  
Name: SPELLMAN, CAROLYN  
Address: 167 MILK STREET, SUITE 407  
City-St-Zip: BOSTON, MA 02109

Title: CD ( ) Delete  
Name: SPELLMAN, CAROLYN  
Address: 167 MILK STREET, SUITE 407  
City-St-Zip: BOSTON, MA 02109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: SPELLMAN, CAROLYN  
Address: 1601 PARK LANE S., SUITE 300  
City-St-Zip: JUPITER, FL 33458

Title: CD (X) Change ( ) Addition  
Name: SPELLMAN, CAROLYN  
Address: 1601 PARK LANE S., SUITE 300  
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROLYN SPELLMAN

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date