

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90241 026 \*\*\*150.00



**DOCUMENT # F08558**  
 1. Entity Name  
**INTERNATIONAL PROPERTY ADVISORS, INC.**

Principal Place of Business      Mailing Address  
**500 PALM STREET - SUITE A**      **500 PALM STREET - SUITE A**  
**WEST PALM BEACH FL 33401**      **WEST PALM BEACH FL 33401**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For  
**59-2088757**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**MAESE, CAROLINE**  
**4906 SUNNY LANE**  
**WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent  
 Name: **ANNETTE M. CASE**  
 Street Address (P.O. Box Number is Not Acceptable): **1270 CAROUSEL WAY**  
 City: **ROYAL PALM BEACH**      FL      Zip Code: **33411**

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: *[Signature]*      **ANNETTE M. CASE**      **18 APRIL '06**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, ANNETTE	NAME	
STREET ADDRESS	1270 CAROUSEL WAY	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPEUT, BARBARA	NAME	
STREET ADDRESS	4906 SUNNY LANE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, ROY	NAME	
STREET ADDRESS	122 N E 5TH AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*      **ROY CASE**      **18 APR '06**  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #