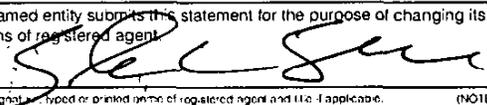
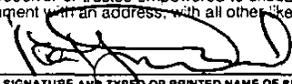


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90448 019 \*\*\*158.75

DOCUMENT # F29494			
1. Entity Name IBG PROPERTIES, INC.		Principal Place of Business P.O. BOX 459 ATT: KATHY MCDANIEL LABELLE, FL 33935	
Mailing Address PO BOX 725 ATT: KATHY MCDANIEL WINDERMERE, FL 34786-0725 US			
2. Principal Place of Business 2520 Sand Mine Road Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Davenport FL		City & State	
Zip 33897	Country Polk	Zip	Country
6. Name and Address of Current Registered Agent BERRY, JACK M JR HWY 80 W LABELLE, FL 33935		7. Name and Address of New Registered Agent Name Floyd, Thomas C. Street Address (P.O. Box Number is Not Acceptable) 2520 Sand Mine Road City Davenport FL Zip Code 33897	
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  Thomas C. Floyd 2-23-05 <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	ST MCDANIEL, KATHY PO BOX 725 WINDERMERE, FL 347860725 <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	VD BERRY, JACK M JR PO BOX 725 WINDERMERE, FL 347860725 <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	VD CALDWELL, ERNIE 2520 SAND MINE ROAD DAVENPORT, FL 33897 <input checked="" 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	PD DEVERS, DANIEL J 2520 SAND MINE ROAD DAVENPORT, FL 33897 <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	VP MORRIS, KATHARINE B 2520 SAND MINE ROAD DAVENPORT, FL 33897 <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 exemption stated in Section 119.07(3)(j), 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: 		Kathy McDaniel/Secretary 2/22/05 (407)909-0540	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Day-Mo Phone #</small>	



01032005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2086555 Applied For Not Applicable

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