



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F92000000962		
1. Entity Name IBIZ, INC.		
Principal Place of Business 750 EAST SAMPLE ROAD, BLDG 7, BAY 7 POMPANO BEACH, FL 33064	Mailing Address 750 EAST SAMPLE ROAD, BLDG 7, BAY 7 POMPANO BEACH, FL 33064	
DO NOT WRITE IN THIS SPACE		
		 01252006 No Chg-P CR2E034 (11/05)
		4. FEI Number 22-3065317 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NATHANS, ROBERT 750 EAST SAMPLE ROAD BLDG 7 BAY 7 POMPANO BEACH, FL 33064		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		1100000437749 02/28/06-80061-002 8.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NATHANS, ROBERT 750 EAST SAMPLE ROAD BLDG 7 BAY 7 POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS NATHANS, IBI 750 EAST SAMPLE ROAD BLDG 7 BAY 7 POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: <i>[Signature]</i> IBI NATHANS		2/15/06 954-781-4714
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>