2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90061 033 ***150.00

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1. Entity Name
IVANS, INC.

40003017

01042005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1455 EAST PUTNAM AVE OLD GREENWICH, CT 06870-1307	1455 EAST PUTNAM AVE OLD GREENWICH, CT 06870-1307

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

4. FEI Number 13-3142765 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, DAVID
IVANS, INC.
5405 CYPRESS CENTER DR.
TAMPA, FL 33609-1024

7. Name and Address of New Registered Agent

Name: Pat Lucyshyn
Street Address (P.O. Box Number is Not Acceptable): IVANS, Inc.
5405 Cypress Center Dr
City: Tampa FL Zip Code: 33609-1024

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: Pat Lucyshyn PAT LUCYSHYN, DVP FINANCE 1-10-2005
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, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENTRINGER, JAMES 10801 E HAPPY VALLEY RD #124 SCOTTSDALE, AZ 85255	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Clare DeNicola 25 Willow Run Rd Greenwich CT 06831 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT DOBISH, JEFFREY 196 COLD SPRING RD AVON, CT 06001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT Jeffrey Dobish 12102 Canterbury Park Ct. Tampa FL 33626 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC PAYNE, ROBERT S 3 BLACKMAN ROAD RIDGEFIELD, CT 06877	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CALABRESE, JOAN 55 MILL PLAIN ROAD DANBURY, CT 06811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODARD, GEORGE 1525 LOCUST ST STE 1301 PHILADELPHIA, PA 19102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROWDY, ROBERT 65 WALNUT ST STE 580 WELLESLEY HILLS, MA 02481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Joan L. Calabrese JOAN L. CALABRESE 1/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #