
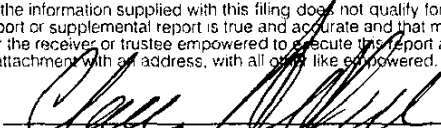


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90054 046 \*\*\*150.00

<b>DOCUMENT # F94000005703</b> 1. Entity Name <b>IVANS, INC.</b>					
Principal Place of Business <b>100 FIRST STAMFORD PLACE 3TD FLOOR STAMFORD, CT 06902</b>			Mailing Address <b>100 FIRST STAMFORD PLACE 3TD FLOOR STAMFORD, CT 06902</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>13-3142765</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04102007      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>LUCYSHYN, PAT IVANS, INC. 5405 CYPRESS CENTER DR. TAMPA, FL 33609-1024</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ENTRINGER, JAMES</b> <b>10801 E HAPPY VALLEY RD #124</b> <b>SCOTTSDALE, AZ 85255</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>DOBISH, JEFFREY</b> <b>12102 CANTERBURY PARK CT.</b> <b>TAMPA, FL 33626</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>PAYNE, ROBERT S</b> <b>3 BLACKMAN ROAD</b> <b>RIDGEFIELD, CT 06877</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WELSH, LINDA</b> <b>4807 BAYSHORE BLVD</b> <b>TAMPA, FL 33611</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUWINSKI, JON</b> <b>451 SHEFFIELD RD</b> <b>ITHACA, NY 14850</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS</b> <b>DENICOLA, CLARE</b> <b>25 WILLOW RUN RD</b> <b>GREENWICH, CT 06831</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>John McCabe</b> <b>22 Colby Ave.</b> <b>Rye, NY 10580</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>Clare DeNicola</b> <b>4/10/07</b> <b>203-698-7209</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone</small>					