## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000005703

Entity Name: IVANS, INC.

FILED Mar 20, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
100 FIRST STAMFORD PLACE 3TD FLOOR STAMFORD, CT 06902				100 FIRST STAMFORD PLACE 3RD FLOOR STAMFORD, CT 06902			
Current Mailing Address:				New Mailing Address:			
100 FIRST STAMFORD PLACE 3TD FLOOR STAMFORD, CT 06902			5405 CYPRESS CENTER DR SUITE 150 TAMPA, FL 336091000				
FEI Number:	13-3142765	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate	e of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LUCYSHYN, PAT IVANS, INC. 5405 CYPRESS CENTER DR. TAMPA, FL 336091024 US  The above named entity submits this statement for the purpose of in the State of Florida.				LUCYSHYN, PAT 5405 CYPRESS CENTER DR. SUITE 150 TAMPA, FL 336091000 US of changing its registered office or registered agent, or both,			
SIGNATURE:				03/20/2008			
01011/11011		Signature of Registered Age	nt				Pate
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E ENTRINGER, JAM 10801 E HAPPY S SCOTTSDALE, A	VALLEY RD #124		Title: Name: Address: City-St-Zip:	(	( ) Change(	) Addition
Title: Name: Address: City-St-Zip:	VT () E DOBISH, JEFFRE 12102 CANTERB TAMPA, FL 3362	URY PARK CT.		Title: Name: Address: City-St-Zip:	(	( ) Change(	) Addition
Title: Name: Address: City-St-Zip:	C () E PAYNE, ROBERT 3 BLACKMAN RO RIDGEFIELD, CT	AD		Title: Name: Address: City-St-Zip:	(	() Change(	) Addition
Title: Name: Address: City-St-Zip:	V ()E MCCABE, JOHN 22 COLBY AVEN RYE, NY 10580			Title: Name: Address: City-St-Zip:	D ( GOWDY, RO 64 OX BOW WWESTON,	ROAD	) Addition
Title: Name: Address: City-St-Zip:	D () E SUWINSKI, JON 451 SHEFFIELD ITHACA, NY 148			Title: Name: Address: City-St-Zip:	D ( SUWINSKI, J 451 SHEFFIE ITHACA, NY	ELD RD	) Addition
Title: Name: Address: City-St-Zip:	PDS () E DENICOLA, CLAF 25 WILLOW RUN GREENWICH, CT	I RD		Title: Name: Address: City-St-Zip:	(	()Change(	) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY DOBISH VT 03/20/2008