2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

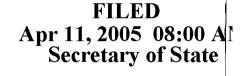
DOCUMENT # K23103

1. Entity Name

WEISERT HOLDING CORPORATION

^o rincipa	il Place of Business				
% IPM	INTERNATIONA	L PROP	MGMT.	8	DEV

Mailing Address



% IPM INTERNATIONAL PROP MGMT. & DEV 2415 - 10TH AVE N LAKE WORTH FL 33461		2415	% IPM INTERNATIONAL PROP MGMT. & DEV 2415 - 10TH AVE N LAKE WORTH FL 33461								
2. Principal Place of Business		3. Mail	3. Mailing Address		_						
Suite, Apt. #, etc		Suite	Suite, Apt. #, etc.		1s	t MOORE	CR2E034	(10/04)			
City & State		City	City & State		4. FE! Numb	^{er} 65-005074	8	<u> </u>	polied For ot Applicable		
Zip	Country	Žīp	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
				Name	Name						
MAYHUT, MARY M 2415 10TH AVE N LAKE WORTH FL 33461			Street Address	Street Address (P.O. Box Number is Not Acceptable)							
				City	FL 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 Signature invoked or printed name of registered agent and life it applicable (NOTE Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees											
10.	OFFICERS	AND DIRECTO	RS	I 11.	ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	\$ IN 11		
utt	VSD		☐ Delete	TITLE				Change	Addition		
NAME	SCHERBAUM, MARTINA		LI Denote	NAME				_ ,	_		
	2415 10TH AVE N.			STREET ADDRESS		U000002 04/11/05-8	:98425				
CITY-ST ZIP	LAKE WORTH FL			CITY -ST - ZIF		04/11/05-8	(006 i -u i	0 150.0	UU (
TITLE	PTD		☐ Delete	TITLE				☐ Change	Addition		
NAME	WEISERT, FRANZ			NAME							
STREET ADDRESS	2415 10TH AVE N.			STREET ADDRESS					,		
CITY-ST-ZIP	LAKE WORTH FL 33461			CITY+ST-ZIP							
TITLE			Delete	TITLE				Change	Addition		
NAME				NAME							
STREET ADDRESS				STREET ADDRESS		•			j		
CITA- 21 SIB				CITY-ST-ZIP							
HTLE			Delete	TITLE				☐ Change	☐ Addition		
NAME NAME				NAME CARSET ADDRESS					ļ		
STREET ADDRESS CITY ST-ZIP				STREET ADDRESS City-St-Zip					,		
								☐ Change	Addition		
TULE	•		Delete	TITLE NAME				Change	[] Addition		
NAME STREET ADDRESS				STREET ADDRESS							
CITA 21 - VIB				CITY - ST - ZIP					!		
TITLE			☐ Delete	TITLE				Change	Addition		
NAME	•		- Delete	NAME							
STREET ADDRESS				STREET ADDRESS							
CHY-ST-ZIP				CITY-ST-ZIP							
12. Thereby o	certify that the information supplied	d with this filing	does not qualify for t	he exemption stated in S	ection 119.07(3)	(i), Florida Statutes	I further cer	tify that the in	nformation		

melocy density that the information supplied with this limits does not qualify for the exemption stated in Section 119.07(3)(1). 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:

Sdeel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 968 938 Z