

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022402

FILED
Apr 20, 2006
Secretary of State

Entity Name: INNOVATIVE PROFESSIONAL SYSTEMS, LLC

Current Principal Place of Business:

391 N. 57TH AVE.
PENSACOLA, FL 32506

New Principal Place of Business:

1561 TWIN PINES CIRCLE
CANTONMENT, FL 325331414

Current Mailing Address:

PO BOX 36084
PENSACOLA, FL 325166084

New Mailing Address:

1561 TWIN PINES CIRCLE
CANTONMENT, FL 325331414

FEI Number: 20-0925918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMAN, WILLIAM D
391 N. 57TH AVE.
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

AMAN, WILLIAM D
1561 TWIN PINES CIRCLE
CANTONMENT, FL 325331414 US

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.

SIGNATURE:

04/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMAN, WILLIAM D
Address: 391 N. 57TH AVE.
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AMAN, WILLIAM D
Address: 1561 TWIN PINES CIRCLE
City-St-Zip: CANTONMENT, FL 325331414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM D. AMAN

MGRM

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date