


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000000900 1. Entity Name IPS WORLDWIDE, LLC	
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Principal Place of Business 265 CLYDE MORRIS BLVD., STE. 100 ORMOND BEACH, FL 32174	Mailing Address 265 CLYDE MORRIS BLVD., STE. 100 ORMOND BEACH, FL 32174
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05042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3518851	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE P.O. BOX 2491 DAYTONA BEACH, FL 32115-2491

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DAVIES, WILLIAM 265 CLYDE MORRIS BLVD., STE. 100 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CASEY, CHARLES 265 CLYDE MORRIS BLVD., STE. 100 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COOK, DOUGLAS 265 CLYDE MORRIS BLVD., STE 100 ORMOND BEACH, FL 32174
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05/20/06-80041-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my 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: Linda C. Moore / Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/1/06 386-671-6778
Date Daytime Phone #