

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M87736

FILED
Jan 05, 2006
Secretary of State

Entity Name: THE IPATT GROUP, INC.

Current Principal Place of Business:

19500 TURNBERRY WAY
#3-D
N MIAMI BEACH, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

19500 TURNBERRY WAY
#3-D
N MIAMI, FL 33180 US

New Mailing Address:

FEI Number: 65-0065069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHEL, PETER L
2396 NC 172 ST
N. MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DONNER-RUBIN, PATTI D
Address: 19500 TURNBERRY WAY , APT 3D
City-St-Zip: NMB, FL 33180 US

Title: S () Delete
Name: HEYMAN, DARREN
Address: 19500 TURNBERRY WAY APT. 3D
City-St-Zip: NMB, FL 33180 US

Title: VP () Delete
Name: RUBIN, RONALD
Address: 19500 TURNBERRY WAY APT. 3E
City-St-Zip: NMB, FL 33180 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: KRYCHOWECKY, MICHAEL
Address: 1330 WEST AVE. APT. 1705
City-St-Zip: MIAMI BEACH, FL 33139 US

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 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: MICHAEL KRYCHOWECKY

VP

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date