2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2008
Secretary of State

DOCUMENT# N02000009358

Entity Name: INDEPENDENT BUSINESS AVIATION CONTRACT PROFESSIONALS ASSOCIATION, INC.

Current Principal Place of Business:

6542 HYPOLUXO RD
SUITE 308
LAKE WORTH, FL 33467

New Principal Place of Business:

6586 HYPOLUXO RD
SUITE 308
LAKE WORTH, FL 33467

Current Mailing Address:

6542 HYPOLUXO RD
SUITE 308
LAKE WORTH, FL 33467

New Mailing Address:

6586 HYPOLUXO RD
SUITE 308
LAKE WORTH, FL 33467

FEI Number: 74-3072491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, SUSAN C
6179 ASTORIA DR.
LAKE WORTH, FL 33463 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

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: BORDELEAU, KATHLEEN MS
Address: 840 US HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P/C ( ) Delete
Name: ANDERSON, SUSAN C MS
Address: 6542 HYPOLUXO RD., STE 308
City-St-Zip: LAKE WORTH, FL 33467

Title: S/D ( ) Delete
Name: REIF, JUDY MS
Address: 6542 HYPOLUXO RD., STE 308
City-St-Zip: LAKE WORTH, FL 33467

Title: V/D ( ) Delete
Name: CHIARELLO, WILLIAM
Address: 6542 HYPOLUXO RD., STE 308
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P/C (X) Change ( ) Addition
Name: ANDERSON, SUSAN C MS
Address: 6586 HYPOLUXO RD., STE 308
City-St-Zip: LAKE WORTH, FL 33467

Title: S/D (X) Change ( ) Addition
Name: REIF, JUDY MS
Address: 6586 HYPOLUXO RD., STE 308
City-St-Zip: LAKE WORTH, FL 33467

Title: V/D (X) Change ( ) Addition
Name: CHIARELLO, WILLIAM
Address: 6586 HYPOLUXO RD., STE 308
City-St-Zip: LAKE WORTH, FL 33467

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN ANDERSON P/C 02/23/2008

Electronic Signature of Signing Officer or Director — Date