2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000271

Entity Name: IUS PATRIOTS, INC.

FILED Apr 04, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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541 ZACHARY DRIVE APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

541 ZACHARY DRIVE APOPKA, FL 32712

FEI Number: 11-3767703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOYCE, BOBBIE GREEN, PATRICIA
3936 VILLAS GREEN CIR
5851 EFFIE DR.

LONGWOOD, FL 32779 US APOPKA, FL., FL 32712 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: PATRICIA GREEN 04/04/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 INCANTALUPO, PAT
 Name:

 Address:
 541 ZACHARY DRIVE
 Address:

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:

Title: DVP () Delete Title: DVP (X) Change () Addition

 Name:
 JOYCE, JIM
 Name:
 GREEN, PATRICIA

 Address:
 3936 VILLAS GREEN CIR
 Address:
 5851 EFFIE DR.

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 APOPKA, FL 32712

Title: DS () Delete Title: DA (X) Change () Addition

Name: CIRILO, ISABEL Name: BUCHNER, PHIL

Address: 24532 LESTER WAY Address: 36130 E. ELDORADO LK. DR.

City-St-Zip: EUSTIS, FL 32736 City-St-Zip: EUSTIS, FL 32736

Title: DT () Delete Title: () Change () Addition

 Name:
 ROBERTS, RACQUEL
 Name:

 Address:
 842 PECORI TERRACE
 Address:

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:

Title: DA (X) Delete Title: () Change () Addition

 Name:
 GREEN, PATTÝ
 Name:

 Address:
 5851 EFFIE DR
 Address:

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:

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

SIGNATURE: PATRICIA GREEN DVP 04/04/2007