2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009174

FILED Mar 24, 2009 Secretary of State

Entity Name: INNOVATIVE ART POSSIBILITIES INC.

Current Principal Place of Business: New Principal Place of Business:

431 NW 203 AVENUE 431 NW 203 AVENUE

PEMBROKE PINES, FL 3029 US PEMBROKE PINES, FL 33029 US

Current Mailing Address: New Mailing Address:

431 NW 203 AVENUE 431 NW 203 AVENUE

PEMBROKE PINES, FL 3029 US PEMBROKE PINES, FL 33029 US

FEI Number: 26-3449815 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:

RON, MAYRA 431 NW 203 AVENUE

PEMBROKE PINES, FL 33029 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition RON, MAYRA RON, MAYRA Name: Name:

431 NW 203 AVENUE Address: 431 NW 203 AVENUE Address:

City-St-Zip: PEMBROKE PINES, FL 33029 US City-St-Zip: PEMBROKE PINES, FL 33029 US

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

Name: LOPEZ, ANA Name: Address: 13651 SW 20TH STREET Address: City-St-Zip: MIRAMAR, FL 33027 US City-St-Zip:

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

EARLY, CHISTIAN EARLY, CHRISTIAN Name: Name: 431 NW 203 AVENUE 431 NW 203 AVENUE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 FL City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete Title: T,S () Change (X) Addition

Name: Name: PEREZ, PATRICIA 431 NW 203 AVENUE Address: Address: City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33029

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: MAYRA RON D 03/24/2009