2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N98000004996

Entity Name: IVN, INC.

Current Principal Place of Business:

911 PALMETTO AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 935
SANFORD, FL 32772

New Mailing Address:

FEI Number: 59-3526508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HERNANDEZ, JOSE G
9161 DUBOIS BLVD
ORLANDO, FL 32825 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:	DP	( ) Delete
Name:	HERNANDEZ, JOSE G REV.	
Address:	9161 DUBOIS BLVD	
City-St-Zip:	ORLANDO, FL 32825	
Title:	DS	( ) Delete
Name:	OROPEZA, BLANCA	
Address:	2854 EMPIRE PLACE	
City-St-Zip:	SANFORD, FL 32773	
Title:	DT	( ) Delete
Name:	HERNANDEZ, SAMUEL PASTOR	
Address:	400 LOCUST AVE #12	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	MILANES, ALICIA	
Address:	2613 HARTWELL AVE.	
City-St-Zip:	SANFORD, FL 32773	
Title:	D	( ) Delete
Name:	MALDONADO, DAVID PASTOR	
Address:	664 BLUEPARK RD	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	D	( ) Delete
Name:	HERNANDEZ, JOSE A PASTOR	
Address:	3051 CLOVERDALE	
City-St-Zip:	DELTONA, FL 32738	

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:	D	(X) Change ( ) Addition
Name:	MILANES, LISSETTE	
Address:	627 GROVEWOOD AVE	
City-St-Zip:	SANFORD, FL 32773	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: JOSE G. HERNANDEZ DP 05/01/2009

Electronic Signature of Signing Officer or Director — Date