2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005691

1. Entity Name
INNOVATIVE BUSINESS STRATEGIES, INC.

Principal Place of Business	Mailing Address
149 WEST PLAZA SUITE 210 MIAMI, FL 33147	149 WEST PLAZA SUITE 210 MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

04302007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0866970	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNT, SAMUEL J
149 WEST PLAZA
SUITE 210
MIAMI, FL 33147

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2007**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, HAROLD A
STREET ADDRESS	11761 SW 226TH STREET
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	SD
NAME	LATIMORE, LILLIE J
STREET ADDRESS	3410 NW 211TH STREET
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	TD
NAME	BRUNT, SAMUEL J
STREET ADDRESS	6301 BISCAYNE BLVD., #108-110
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80018-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Samuel D. Brunt_ Samuel J. Brunt 4/30/07 (305) 696-5974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #