

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000007503 1. Entity Name INVENTIVE PRODUCTS LABORATORIES, INC.	
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Principal Place of Business 2787 EAST OAKLAND PARK BLVD. SUITE 206 FORT LAUDERDALE, FL 33306	Mailing Address 2787 EAST OAKLAND PARK BLVD. SUITE 206 FORT LAUDERDALE, FL 33306
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03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0997312	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TERZIEV, NICOLA
5100 N. OCEAN BLVD., BLDG. A, #1407
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

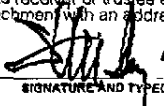
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TERZIEV, NICOLA 5100 N. OCEAN BLVD., BLDG. A, #1407 FORT LAUDERDALE, FL 33308
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04/12/06-00052-022 158.75

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:  **NICOLA TERZIEV/PRESIDENT/3.27.06 954 942 8384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone