

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000021232

FILED
Apr 29, 2005
Secretary of State

Entity Name: INNOVATIVE BUSINESS SOLUTIONS GROUP, INC.

Current Principal Place of Business:

12412 SAN JOSE BLVD.
#103
JACKSONVILLE, FL 32223

New Principal Place of Business:

556 S. BRIDGE CREEK DR.
JACKSONVILLE, FL 32259

Current Mailing Address:

12412 SAN JOSE BLVD.
#103
JACKSONVILLE, FL 32223

New Mailing Address:

556 S. BRIDGE CREEK DR.
JACKSONVILLE, FL 32259

FEI Number: 59-3629150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PETER A JONES
556 S. BRIDGE CREEK DR.
JACKSONVILLE, FL 32259 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: PETER A JONES

04/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: JONES, PETER A
Address: 573 REDBARRY LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VTD () Delete
Name: JONES, BARBARA C
Address: 573 REDBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: JONES, PETER A
Address: 556 S. BRIDGE CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: VTD (X) Change () Addition
Name: JONES, BARBARA C
Address: 556 S. BRIDGE CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPD () Change (X) Addition
Name: JONES, ROBERT E
Address: 8274 SAND PINE CIRCLE
City-St-Zip: PT. ST. LUCIE, FL 32374

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A JONES

PSD

04/29/2005

Electronic Signature of Signing Officer or Director

Date