• 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # P00000042946 Apr 24, 2006 08:00 AN 1. Entity Name **Secretary of State** INTERNATIONAL PARKING SYSTEMS, INC. Principal Place of Business Mailing Address 3819 JONATHAN'S WAY 4781 NORTH CONGRESS AVE **BOYNTON BEACH FL 33436** BOYNTON BEACH FL 33426 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1004165 Not Applicable Zφ Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEARY, ERIC VAN JR Street Address (P.O. Box Number is Not Acceptable) 3819 JÓNATHAN'S WAY **BOYNTON BEACH FL 33462** City Zip Code 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 it applicable (NOTE Registered Agent signature required when roinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8a After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Detete THILE ☐ Change Additio U00000526568 05/05/06-80037-011 150.00 NAME GEARY, ERIC VAN JR MAME STREET ADDRESS PO BOX 14751 STREET ADDRESS CITY-ST-7IP N. PALM BEACH FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAMF STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST - ZIP \$132 F ☐ Detete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP 3.1111 ☐ Delete ☐ Change □ ALL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2# CITY-ST-ZIP IIILE ☐ Delete HTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

IG OFFICER OR DIRECTOR

Date Daylime Physic &