

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065729

FILED
Apr 15, 2005
Secretary of State

Entity Name: INTEGRATED PROJECT DELIVERY, INC.

Current Principal Place of Business:

1411 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1411 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3660820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERLIN, CYNTHIA C
1411 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: MATTHEWS, OWEN STROUD
Address: 2034 COVE TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: LAWSON, WILLIAM
Address: 1803 ROSEWOOD DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: DVP () Delete
Name: ELSEA, JOHN WESLTY
Address: 7209 BRANCH TREE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: HELMAN, ALAN C
Address: 222 W. MAITLAND BOULEVARD
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: TERRITO, JOE
Address: 441 ENTERPRISE STREET
City-St-Zip: OCOEE, FL 34761

Title: P () Delete
Name: HOLMES, BRUCE
Address: 800 TRAFALGAR CT SUITE 200
City-St-Zip: MAITLAND, FL 32751

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: WUENSCHHELL, KEN
Address: 2301 MAITLAND CENTER
City-St-Zip: MAITLAND, FL 32751

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: OWEN S MATTHEWS

CCEO

04/15/2005

Electronic Signature of Signing Officer or Director

Date