2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# P00000065729

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:

CONROY, CAROL A
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:	DVP	( ) Delete
Name:	ROBERTS, JAMES	
Address:	1748 COLLEEN DRIVE	
City-St-Zip:	ORLANDO, FL 32809	
Title:	T	( ) Delete
Name:	CRAIN, SHANE L	
Address:	14232 MAILER BLVD	
City-St-Zip:	ORLANDO, FL 32828	
Title:	S	( ) Delete
Name:	CONROY, CAROL A	
Address:	419 MINNEHAHA ROAD	
City-St-Zip:	MAITLAND, FL 32751	
Title:	DP	( ) Delete
Name:	TERRITO, JOE	
Address:	441 ENTERPRISE STREET	
City-St-Zip:	OCOEE, FL 34761	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	ROBERTS, JAMES	
Address:	1748 COLLEEN DRIVE	
City-St-Zip:	ORLANDO, FL 32809	
Title:	TAS	(X) Change ( ) Addition
Name:	CRAIN, SHANE L	
Address:	14232 MAILER BLVD	
City-St-Zip:	ORLANDO, FL 32828	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	TERRITO, JOE	
Address:	441 ENTERPRISE STREET	
City-St-Zip:	OCOEE, FL 34761	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROL A. CONROY S 03/11/2009

Electronic Signature of Signing Officer or Director — Date