2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2007
Secretary of State

DOCUMENT# P00000088962

Entity Name: IPP AMERICAN, INC.

Current Principal Place of Business:

21200 NE 38 AVE # 604
AVENTURA, FL 33186

New Principal Place of Business:

2126 SHOMA DR
ROYAL PALM BEACH, FL 33414

Current Mailing Address:

21200 NE 38 AVE # 604
AVENTURA, FL 33186

New Mailing Address:

2126 SHOMA DR
ROYAL PALM BEACH, FL 33414

FEI Number: 65-1044005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRA, NELSON
21200 NE 38 AVE # 604
AVENTURA, FL 33186 US

Name and Address of New Registered Agent:

PARRA, NELSON
2126 SHOMA DRIVE
ROYAL PALM BEACH, FL 33414 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: ALBA PARRA 05/28/2007
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: PD ( ) Delete
Name: PARRA, NELSON
Address: 21200 NE 38 AVE # 604
City-St-Zip: AVENTURA, FL 33186

Title: VT ( ) Delete
Name: PARRA, ALBA
Address: 21200 NE 38 AVE # 604
City-St-Zip: AVENTURA, FL 33186

Title: S ( ) Delete
Name: PARRA, MARLENE
Address: 21200 NE 38 AVE # 604
City-St-Zip: AVENTURA, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PARRA, NELSON
Address: 2126 SHOMA DR
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: VT (X) Change ( ) Addition
Name: PARRA, ALBA
Address: 2126 SHOMA DR
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: S (X) Change ( ) Addition
Name: PARRA, MARLENE
Address: 2126 SHOMA DR
City-St-Zip: ROYAL PALM BEACH, FL 33414

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: ALBA PARRA VT 05/28/2007
Electronic Signature of Signing Officer or Director Date