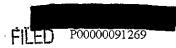
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:



	MII OMM BOSINE		(Opn)			
DOCUMENT # P00000891269 1. Entity Name IE CT, INC.				02 MAY 17 AM 11: 45		
The CITANE.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE IN THIS SPACE						
A Driverie at I	Name of Business	9 Marillan Antonia		·		
	Place of Business WESTRID & DRIJE	3. Mailing Address PORBEX: 2.	04-57			
Suite, Apt. #, etc.			<u> </u>	DO NOT WRITE IN THIS SPACE		
City & Sta	HASSILL, FLORIDA	City & State TAI/A/ARLE	FLOUDA	4. FEI Number Applied For Sq-367.2648 Not Applied		
Zip 2 a a a	Country	32316	Country	5. Certificate of Status Desired \$8.75 Additional		
3230	9 100/1	02316	WH	Fee Required 7. Name and Address of Current Registered Agent		
			Name	-T 50007		
	DO NOT WI	RITE	Stroot Address	Street Address (P.O. Box Number is Not Acceptable).		
			223	223 USTELLOGE ACCEPTABLE		
	IN THIS SPA	ACE				
			CILACKA	FL Zip Code 4		
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida.		
,	ec St.	-00 0251				
SIGNATURE	Signature, typed or printed name of registered agent/an	riskin if arraticable (NOTE:	Registered Agent signature requi	P3-02		
	· · · · · · · · · · · · · · · · · · ·		y 1 Fee Is \$150.00	DAIC DAIC		
Tay filing requirement and elects to do so.			Fee is \$550.00	10. Election Campaign Financing \$5.00 May 8e		
(See criteria on back) Amended Make Check Payable			UBR is \$61.25 to Department of S	Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND D	<u> </u>				
MLE	RESIDENT		TITLE			
NAME STREET ADDRESS	E.C. Thompson 223 WHIRIOGE A	e1.10 -	NAME STREET ADDRESS			
CITY-ST-ZIP	Tacamasle Fix	IBA 32304	CITY-ST-ZIP			
TITLE	SECRATAR Y	<u> </u>	TITLE			
NAME	UD THI SAN		NAME			
STREET ADDRESS CITY-ST-ZIP	1317 SILIPON ROAD	41 - 2 3	STREET ADDRESS CITY+ST-ZIP			
		KIVII 325US	TITLE			
NAME	UD THI ANH THY		NAME			
STREET ADDRESS	TRIMINESE VOTHI ANH THY 1817 SHARON ROAD	- a G = 3 - 5	STREET ADDRESS	DO NOT WRITE		
GITT-31-AF	TALLAHASPLE, FLORI	D9 825 WS	CITY-ST-ZIP			
TITLE NAME			TITLE NAME	IN THIS SPACE		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			TITLE	7000053372572		
NAME STREET ADDRESS		,	NAME STREET ADDRESS	-04/24/0201071001 ****150.00 ****150.00		
CITY-ST-ZIP			CITY-ST-ZIP	####130*fin ####130* on		
TITLE	·		TITLE			
NAME	,		NAME			
STREET ADDRESS CITY-ST-ZIP		,	STREET ADDRESS CITY-ST-ZIP	•		
13. I hereby of indicated of the corr	on this report or supplemental report is tr	ue and accurate and that my vered to execute this report a	e exemption stated in S signature shall have the s required by Chapter	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or on an		

4-24-02

850 575-2859

Daytime Phone #