2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000110055

Entity Name: IONIAN VENTURE PARTNERS, INC.

FILED Aug 23, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
575 MANIS TARPON S	SHA PL SPRINGS, FL 3	4688				
Current Mailing Address:			New Mailing Address:			
575 MANISHA PL TARPON SPRINGS, FL 34688			25 EDESSA COURT HILLSBOROUGH, CA 94010			
FEI Number:	58-3682069	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	NOS, ZISIMOS STRETCH DR FL 34690 U	S				
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.						
SIGNATUR	RE: ZISIMOS N	1ADALVANOS				
		Signature of Registered Ager	nt		Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ()[METAXAS, JERF 575 MANISHA PI TARPON SPRING	-	Title: Name: Address: City-St-Zip:	METAXAS, JI 25 EDESSA (
Title: Name: Address: City-St-Zip:	V ()[MADALVANOS, Z 575 MANISHA PI TARPON SPRING	-	Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () [METAXAS, POPE 575 MANISHA PE TARPON SPRING	-	Title: Name: Address: City-St-Zip:	METAXAS, P 25 EDESSA		
Title: Name: Address: City-St-Zin:	T () [MADALVANOS, 0 575 MANISHA PI TARPON SPRIM	-	Title: Name: Address: City-St-Zin:	,	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: POPPI J. METAXAS S 08/23/2006