

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004537

Entity Name: IP2BUSINESS, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

283 CRANES ROOST BLVD
#111
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

283 CRANES ROOST BLVD
#111
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

283 CRANES ROOST BLVD
#135
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

283 CRANES ROOST BLVD
#135
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3681390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONCRIEF, JAMES L
861 SILVERWOOD DR.
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

BEARD, JOHN H
5114 CLUBSIDE DRIVE
LONGWOOD, FL 32779 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: JOHN H. BEARD

05/01/2006

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: P () Delete
Name: BEARD, JOHN H
Address: 5114 CLUBSIDE DR
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: MONCRIEF, JAMES
Address: 861 SILVERWOOD DRIVE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: BEARD, MARY
Address: 5114 CLUBSIDE DRIVE
City-St-Zip: LONGWOOD, FL 32701

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: JOHN H. BEARD

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date