

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


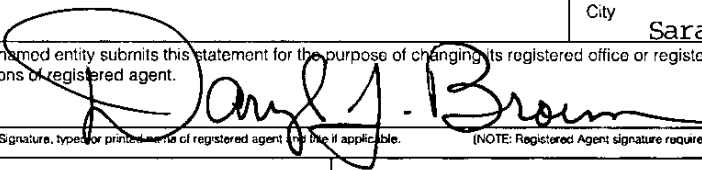
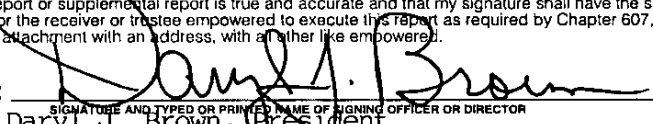
**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90047 006 \*\*\*150.00

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01052005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000034905</b>			
1. Entity Name INTERSTATE BUSINESS CENTERS, INC.			
Principal Place of Business 1525 EASTBROOK DRIVE SARASOTA, FL 34231		Mailing Address 1525 EASTBROOK DRIVE SARASOTA, FL 34231	
2. Principal Place of Business 6465 Indigo Bunting Place Suite, Apt. #, etc.		3. Mailing Address 6465 Indigo Bunting Place Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34202	Country	Zip 34202	Country
4. FEI Number 65-1098745		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BROWN, DARYL J 1525 EASTBROOK DRIVE SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Daryl J. Brown Street Address (P.O. Box Number is Not Acceptable) Brown & Morgan, P.A. 1800 Second Street, Suite 806 City Sarasota FL Zip Code 34236	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  DATE: 1/6/05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BROWN, DARYL J 1525 EASTBROOK DRIVE SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Brown, Daryl J. 6465 Indigo Bunting Place Bradenton, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE:  Daryl J. Brown, President		1/6/05 941-366-2202 Date Daytime Phone #	