2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000087641

1. Entity Name
IAN & JOEY, INC.

50006737

Principal Place of Business	Mailing Address
1850 U.S. HWY. 1 VERO BEACH, FL 32960	1850 U.S. HWY. 1 VERO BEACH, FL 32960

2. Principal Place of Business

3. Mailing Address 4909 Bethel Creek Drive

Suite, Apt. #, etc.	Suite, Apt. #, etc.

03212006   Chg-P   CR2E034 (11/05)

City & State	City & State Vero Beach FL

4. FEI Number 59-3742799 — ☐ Applied For / ☐ Not Applicable

Zip	Country	Zip 32963	Country Indian River

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARKIN, LYNNE A ESQ. 3545 OCEAN DRIVE, STE 201 VERO BEACH, FL 32963	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GREENWOOD, IAN STREET ADDRESS 1850 U.S. HWY. 1 CITY-ST-ZIP VERO BEACH, FL 32960	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4909 Bethel Creek Dr. Vero Beach FL 32963	☒ Change ☐ Addition
TITLE ST NAME JOHNSON, JENNIFER STREET ADDRESS 1850 U.S. HWY. 1 CITY-ST-ZIP VERO BEACH, FL 32960	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4909 Bethel Creek Dr. Vero Beach FL 32963	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: _____   3-21-06   772-234-5019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #