


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90097 006 ***150.00

DOCUMENT # P01000110183
 1. Entity Name
 INTERPUBLICATIONS, INC.



Principal Place of Business
 390 NARRAGANSETT ST NE
 PALM BEACH, FL 32907 US

Mailing Address
 390 NARRAGANSETT ST NE
 PALM BEACH, FL 32907 US

94006745



2. Principal Place of Business
 3990 Minton Rd
 Suite, Apt. #, etc.

3. Mailing Address
 3990 Minton Rd
 Suite, Apt. #, etc.

01192004 Chg-P CR2E034 (10/03)

City & State
 Melbourne FL

City & State
 Melbourne FL

Zip
 32904

Country
 USA

Zip
 32904

Country
 USA

4. FEI Number
 59-1389235

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GALLAGHER, RONALD
 390 NARRAGANSETT STREET NE
 PALM BEACH, FL 32907

7. Name and Address of New Registered Agent
 Name: Ronald Gallagher
 Street Address (P.O. Box Number is Not Acceptable):
 3990 Minton Rd
 City: Melbourne FL Zip Code: 32904

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: Ronald Gallagher, Reg Agent 1/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD GALLAGHER, RONALD 390 NARRAGANSETT STREET NE PALM BEACH, FL 32907 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD OLINSKI, LANCE A 1118 SAPPHIRE ST SE PALM BAY, FL 32909 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/T/S/D Gallagher, Ronald 3990 Minton Road Melbourne FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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 all other like empowered.

SIGNATURE: Ronald Gallagher, Pres 1/19/04 (321) 951-7626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #