

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026258

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: IHN, INCORPORATED

**Current Principal Place of Business:**

7680 WILES ROAD  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

85 SE 4TH AVE  
104  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 01-0609678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILSMAN, CHRISTINA  
85 SE 4 AVE #104  
DELRAY BCH, FL 33483      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TD (X) Delete  
Name: MOORE, TIMOTHY  
Address: 5029 PEBBLEBROOK WAY  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD (X) Delete  
Name: BOYD-MOORE, KIMBERLY  
Address: 5029 PEBBLEBROOK WAY  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: BOYD, BETTY  
Address: 5029 PEBBLEBROOK WAY  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: BOYD, BETTY  
Address: 500 NW 34TH STREET  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BETTY BOYD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

04/27/2004

\_\_\_\_\_  
Date