

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028539

FILED
Jan 20, 2005
Secretary of State

Entity Name: INNOVATIVE INVENTIONS INCORPORATED

Current Principal Place of Business:

2509 SUCCESS DRIVE #1
ODESSA, FL 33556

New Principal Place of Business:

2509 SUCCESS DRIVE
ODESSA, FL 33556

Current Mailing Address:

2509 SUCCESS DRIVE #1
ODESSA, FL 33556

New Mailing Address:

2509 SUCCESS DRIVE
ODESSA, FL 33556

FEI Number: 43-1953789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KWILINSKI, CHRISTOPHER M
2509 SUCCESS DRIVE
ODESSA, FL 33556 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: P () Delete
Name: KWILINSKI, CHRISTOPHER M
Address: 2509 SUCCESS DRIVE #1
City-St-Zip: ODESSA, FL 33556

Title: V () Delete
Name: DEVRIES, ROB W
Address: 2509 SUCCESS DRIVE
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: HOPPER, DOUGLAS G
Address: 2509 SUCCESS DRIVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KWILINSKI, CHRISTOPHER M
Address: 2509 SUCCESS DRIVE
City-St-Zip: ODESSA, FL 33556

Title: VT (X) Change () Addition
Name: DEVRIES, ROB W
Address: 2509 SUCCESS DRIVE
City-St-Zip: ODESSA, FL 33556

Title: SV (X) Change () Addition
Name: HOPPER, DOUGLAS G
Address: 2509 SUCCESS DRIVE
City-St-Zip: ODESSA, FL 33556

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: ROB W. DEVRIES

V

01/20/2005

Electronic Signature of Signing Officer or Director

Date