

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028539

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: INNOVATIVE INVENTIONS INCORPORATED

## Current Principal Place of Business:

2509 SUCCESS DRIVE  
ODESSA, FL 33556

## New Principal Place of Business:

11327 CHALLENGER AVE.  
ODESSA, FL 33556

## Current Mailing Address:

2509 SUCCESS DRIVE  
ODESSA, FL 33556

## New Mailing Address:

11327 CHALLENGER AVE.  
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:

KWILINSKI, CHRISTOPHER M  
11327 CHALLENGER AVE.  
ODESSA, FL 33556 US

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:

04/18/2006

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  
City-St-Zip: ODESSA, FL 33556

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

Title: SV ( ) 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: 11327 CHALLENGER AVE.  
City-St-Zip: ODESSA, FL 33556

Title: VT (X) Change ( ) Addition  
Name: DEVRIES, ROB W  
Address: 11327 CHALLENGER AVE.  
City-St-Zip: ODESSA, FL 33556

Title: SV (X) Change ( ) Addition  
Name: HOPPER, DOUGLAS G  
Address: 11327 CHALLENGER AVE.  
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 Chapter 119, 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: DOUGLAS HOPPER

SV

04/18/2006

Electronic Signature of Signing Officer or Director

Date