

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032268

FILED
Mar 09, 2006
Secretary of State

Entity Name: INNOVATIVE ROADS, INC.

Current Principal Place of Business:

9470B BARREL FACTORY ROAD
HASTINGS, FL 32145

New Principal Place of Business:

9470B BARREL FACTORY ROAD
HASTINGS, FL 32145 US

Current Mailing Address:

1117 SNYDER ROAD
WEST LAWN, PA 19609

New Mailing Address:

1117 SNYDER ROAD
WEST LAWN, PA 19609 US

FEI Number: 04-3644844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: BRIGHT, STEVEN D
Address: 145 STEEPLE DRIVE
City-St-Zip: ROBESONIA, PA 19551

Title: V () Delete
Name: DEMARTINO, JOHN M
Address: 341 FANCY HILL ROAD
City-St-Zip: BOYERTOWN, PA 19512

Title: V () Delete
Name: DONALD, THOMAS D
Address: POST OFFICE BOX 127
City-St-Zip: MIDDLEPORT, PA 18953

Title: T () Delete
Name: WAGNER, PHILIP D
Address: 4 FOREST COURT
City-St-Zip: READING, PA 19606

Title: S () Delete
Name: POLAK, MICHAEL L
Address: POST OFFICE BOX 180
City-St-Zip: FRIEDENSBURG, PA 17933

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: PHILIP D. WAGNER

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03/09/2006

Electronic Signature of Signing Officer or Director

_____ Date