

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90030 003 \*\*\*150.00

<b>DOCUMENT # P02000040559</b> 1. Entity Name <b>I.E. WORKS, INC.</b>																																																			
Principal Place of Business <b>616 SEA PINE WAY, #B-3</b> <b>GREENACRES, FL 33415</b>		Mailing Address <b>616 SEA PINE WAY, #B-3</b> <b>GREENACRES, FL 33415</b>																																																	
2. Principal Place of Business <b>964 NW SPRUCE RIDGE DR</b> Suite, Apt. #, etc. <b># D3</b>		3. Mailing Address <b>964 NW SPRUCE RIDGE DR</b> Suite, Apt. #, etc. <b># D3</b>																																																	
City & State <b>STUART, FLA.</b>		City & State <b>STUART, FLA.</b>																																																	
Zip <b>34994</b>		Zip <b>34994</b>																																																	
Country 		Country 																																																	
4. FEI Number <b>04-3648706</b>		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent  <b>HALL, MATHEW</b> <b>616 SEA PINE WAY #B-3</b> <b>SUITE 114</b> <b>WEST PALM BEACH, FL 33415</b>		7. Name and Address of New Registered Agent  Name <b>HALL, MATHEW</b> Street Address (P.O. Box Number is Not Acceptable) <b>964 NW SPRUCE RIDGE DR # D3</b>  City <b>STUART</b> FL <b>34994</b>																																																	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE <b>1/27/04</b>																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 50%; padding: 2px;">           PD HALL, MATHEW 616 SEA PINE WAY, #B-3 GREENACRES, FL 33415         </td> <td style="width: 50px; text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HALL, MATHEW 616 SEA PINE WAY, #B-3 GREENACRES, FL 33415	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 50%; padding: 2px;">           PD HALL, MATHEW 964 NW SPRUCE RIDGE DR. # D3 STUART, FLA. 34994         </td> <td style="width: 50px; text-align: center; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HALL, MATHEW 964 NW SPRUCE RIDGE DR. # D3 STUART, FLA. 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>1/27/04</b> <small>Date Daytime Phone #</small>																																																	