## 2005 FOR PROFIT CORPORATION

## Mar 23, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000049104** 03-23-2005 90057 041 \*\*\*150.00 INNOVATIVE BUILDING & ENGINEERING, INC. Mailing Address Principal Place of Business 50030310 191 SOUTH CUCUMBER LANE 191 SOUTH CUCUMBER LANE NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 03012005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 02-0599320 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOMAZIN, WILLIAM P DO NOT WRITE 191 SOUTH CUCUMBER LANE NEW SMYRNA BEACH, FL 32168 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TOMAZIN, WILLIAM P NAME STREET ADDRESS 191 SOUTH CUCUMBER LANE CITY-ST-ZIP NEW SMYRNA BEACH, Ft. 32168 TOMAZIN, MICHAEL NAME STREET ADDRESS 3753 HONEYDEW LANE CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME

STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-7IP

William P. (omazin

FILED