

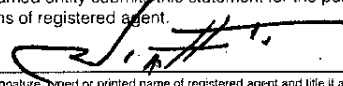
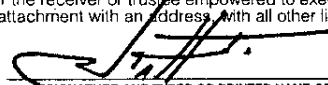


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90020 034 \*\*\*150.00

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # P03000024165</b>  |  |  |  |             |  |
| <b>1. Entity Name</b><br>IP AMERICAS CORPORATION  |  |  |  |  |  |
| <b>Principal Place of Business</b><br>1435 MARSEILLE CT STE 5403<br>WESTON, FL 33326  |  |  | <b>Mailing Address</b><br>1435 MARSEILLE CT STE 5403<br>WESTON, FL 33326   |  |  |
| <b>2. Principal Place of Business</b><br>1423 CAPRI LANE<br>Suite, Apt. #, etc.<br>Suite 3903<br>City & State<br>WESTON FL<br>Zip<br>33326<br>Country<br>USA  |  | <b>3. Mailing Address</b><br>1423 CAPRI LANE<br>Suite, Apt. #, etc.<br>Suite 3903<br>City & State<br>WESTON FL<br>Zip<br>33326<br>Country<br>USA |  |            |  |
| 03052003      Chg-P      CR2E034 (10/03)  |  | <b>4. FEI Number</b><br>05-0561949   |  |  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required   |  | Applied For<br>Not Applicable  |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>RUFATT, MAX<br>1435 MARSEILLE CT STE 5403<br>WESTON, FL 33326   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>MAX A. RUFATT<br>Street Address (P.O. Box Number is Not Acceptable)<br>1423 CAPRI LANE Suite 3903<br>City<br>WESTON      FL      Zip Code<br>33326 |  |  |
| <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.</b><br>SIGNATURE:  MAX A. RUFATT-Director MAY 13, 2004<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                           |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>RUFATT, MAX<br>1435 MARSEILLE CT STE 5403<br>WESTON, FL 33326 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DIRECTOR<br>RUFATT, MAX<br>1423 CAPRI LANE Suite 3903<br>WESTON, FL 33326                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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.</b> |  |  |  |  |  |
| SIGNATURE:  MAX A. RUFATT MAY 13, 2004 954-358-6849<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>  |  |  |  |  |  |