## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 04, 2005 08:00 AM Secretary of State **DOCUMENT # P03000029404** 1. Entity Name IPK SOFTWARE, INC. Principal Place of Business Mailing Address 3720 SOUTH COURTENAY PARKWAY 3720 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL 32952\_ MERRITT ISLAND, FL. 32952 No Chg-P CR2E034 (10/03) 03242005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2085748 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EATON, COURTNEY A 3720 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL 32952 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE EATON, COURTNEY A NAME 3720 SOUTH COURTENAY PARKWAY STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 TITLE U(U)U(U28E000 NAME (4/04/05-80011-007 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITIF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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

SIGNATURE:

changed, or on an attachment with an address

CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered.

1/2005

914-582-2606

Daytinge Phone #

FILED