2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038983

Address:

City-St-Zip:

PALM HARBOR, FL 34683

FILED Apr 27, 2005 Secretary of State

Entity Na	me: INQUAN	IX, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	TWINDS DRIV RBOR, FL 34				
Current Mailing Address:			New Mailing Address:		
	TWINDS DRIV RBOR, FL 34				
FEI Number	: 20-0822939	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US			TOWNSEND, CHRISTOPHER C P.O. BOX 2010 PALM HARBOR, FL 34682 US		
The above in the State	e named entity e of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CHRISTOPHER C TOWNSEND				04/27/2005	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (TAYLOR, STA 384 WESTWII PALM HARBO	NDS DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD (CARTER, SUS 384 WESTWII PALM HARBO	NDS DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	TD (TOWNSEND, I 384 WESTWII		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER TOWNSEND **PRES** 04/27/2005