

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072319

**FILED**  
**Apr 02, 2006**  
**Secretary of State**

**Entity Name:** INNOVATIVE POLYMER SOLUTIONS, INC.

**Current Principal Place of Business:**

6271 S.W. 195TH AVE.  
PEMBROKE PINES, FL 33332

**New Principal Place of Business:**

1002 FOXDALE PLACE  
VALRICO, FL 33594

**Current Mailing Address:**

1002 FOXDALE PLACE  
VALRICO, FL 33594

**New Mailing Address:**

**FEI Number:** 37-1489867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BANGS, DAVID L  
6271 S.W. 195TH AVE.  
PEMBROKE PINES, FL 33332 US

**Name and Address of New Registered Agent:**

BLYTH, PETER C  
1002 FOXDALE PLACE  
VALRICO, FL 33594 US

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.

**SIGNATURE:** PETER C. BLYTH

04/02/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** BANGS, DAVID L  
**Address:** 6271 S.W. 195TH AVE.  
**City-St-Zip:** PEMBROKE PINES, FL 33332

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** BANGS, DAVID L  
**Address:** 465 NORTH FIELDS PASS  
**City-St-Zip:** ALPHARETTA, GA 30004

**Title:** D ( ) Change (X) Addition  
**Name:** BLYTH, PETER C  
**Address:** 1002 FOXDALE PLACE  
**City-St-Zip:** VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

**SIGNATURE:** DAVID L BANGS

D

04/02/2006

Electronic Signature of Signing Officer or Director

Date