

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000084469 1. Entity Name IVORY BILL PROPERTIES, INC.	
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Principal Place of Business 830 N LAKE AVE DELRAY BCH, FL 33483	Mailing Address 830 N LAKE AVE DELRAY BCH, FL 33483
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DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 60-0004225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KERN, KEITH D ESQ.
50 SE 4 ST
DELRAY BCH, FL 33483

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000894823 04/24/08-80044-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS STORER, CALEB 830 N LAKE AVE DELRAY BCH, FL 33483
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVT STORER, ALEXA M 830 N LAKE AVE DELRAY BCH, FL 33483
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Alex M Storer* 4/5/08 561-243-3156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #