## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P04000150128

1. Entity Name IBM PROPERTIES INC



Principal Place of Business

ORLANDO, FL 32835

432 SANDPIPER RIDGE DRIVE

Mailing Address

432 SANDPIPER RIDGE DRIVE ORLANDO, FL 32835 US

### FILED Mar 22, 2007 8:00 am Secretary of State

03-22-2007 90010 015 \*\*\*150.00

60027212



#### DO NOT WRITE IN THIS SPACE

03182007 No Chg-P

CR2E034 (11/05)

4. FEI Number 32-0132337

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BABOOLALL, DEVINA 432 SANDPIPER RIDGE DRIVE ORLANDO, FL 32835

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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.

Signature, typed or printed name of registered agent and little if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE BABOOLALL, MAHARANIE NAME 432 SANDPIPER RIDGE DRIVE STREET ADDRESS ORLANDO, FL 32835 CITY-ST-ZIP VP D TITLE BABOOLALL, BHIMWANT NAME STREET ADDRESS 432 SANDPIPER RIDGE DRIVE ORLANDO, FL 32835 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS.

# 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 attactforch with an address, with all other like pmpoyered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARANTE BABOOLALL

(407) 493 - 5161

Date

Daytime Phone #