2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # P04000153144  1. Entity Name				O3-22-2006 90025 030 ***150.00
IBIS LOGISTICS, INC.				
Principal Plac	e of Business	Mailing Address		<b>-</b>
8956 SE BA	HAMA CIRCLE ID FL 33455	8956 SE BAHAMA CIRC HOBE SOUND FL 33455		
2. Principal Place of Business		3. Mailing Address		A CONTROL IN DESCRIPTION OF STATE ABOVE STATE AND A STATE OF THE STATE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & Slate		City & State		4. FEI Number Applied For Not Applied able Not Applied For Not Applicable
Zip 	Country	Zip	Country	- 5. Certificate of Status Desired - \$8.75-Additional - Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
CADATACO OVNTUIA M		Name		
SABATASO, CYNTHIA M 6381 SE PHILLIP BEND AVE STUART FL 34997			Street Address	(P.O. Box Number is Not Acceptable)
. 5,			City	FL Zip Code
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .				
Signature, typed or privide name of registered agent and title it applicable (NOTE: Registered Agent signature signature when remarking) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LILLY, ROBERT C		NAME	
STREET ADDRESS CITY-ST-ZIP	8956 SE BAHAMA CIRCLE HOBE SOUND FL 33455.2		STREET ADDRESS CITY-ST-ZIP	
TITLE	S .	☐ Deleta	TITLE	Change Addstion
NAME STREET ADDRESS	LILLY, VICKIE R 8956 SE BAHAMA CIRCLE		NAME STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ــــــــــــــــــــــــــــــــــــــ		NAME	· · · · -
STREET ADDRESS CITY-ST-ZIP		-	STREET ADDRESS	
TITLE			CITY-ST-ZIP	
NAME		☐ Detete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		☐ Detete	TITLE NAME	Change Addition
STREET ADDRESS City+St-ZIP		☐ Detete	TITLE	Change Addition
CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Change Addition
CITY+ST-ZIP TITLE NAME			TITLE NAME STRECT ADDRESS CATY-ST-ZIP TITLE NAME	
CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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 propowered.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DISCHOOL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DISCHOOL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DISCHOOL SIGNATURE OF SIGNATUR