

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000004195

1. Entity Name
Inflation Beatersystems Inflabuck Corporation



FILED

06 MAY 25 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8925 SW 126 TERRACE
MIAMI FL 33176

Mailing Address
8925 SW 126 TERRACE
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-2034994

Applied For

Not Applicable

5. Certificate of Status Desired
NEW NAME *

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, C A
8925 SW 126 TERRACE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**CHANGE NAME TO: INFLABEATERSYSTEMS AMERICA *
INFLABUCK CORPORATION**

4/27/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE
NAME **D LYONS, CHARLES A** ☐ Delete
STREET ADDRESS **8925 SW 126 TERRACE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS **500075099175**
CITY-ST-ZIP **05/23/06--01045--007 **466.25**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS **AS 5/25**
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

AS Lyons