2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 09, 2007 08:00 AM DOCUMENT # P05000090081 **Secretary of State** 1. Entity Name IVY BAGNALL, INC. Principal Place of Business Mailing Address 7508 COURTYARD RUN EAST 7508 COURTYARD RUN EAST BOCA RATON, FL 33433 BOCA RATON, FL 33433 CR2E034 (11/05) 01122007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1255204 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BAGNALL, IVY DO NOT WRITE 7508 COURTYARD RUN EAST BOCA RATON, FL 33433 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PTS TITLE NAME BAGNALL, IVY STREET ADDRESS 7508 COURTYARD RUN EAST CITY-ST-ZIP BOCA RATON, FL 33433 TITLE NAME STREET ADDRESS U00000630055 02/19/07-80024-019 150.00 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IN BOUNDED THE BOOK A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 50/893-3/76

FILED