

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90095 010 ***150.00

DOCUMENT # P06000055220 1. Entity Name INNOVATIVE BUSINESS TECHNOLOGIES INC.																																			
Principal Place of Business 1260 BATTEN RD. BROOKSVILLE, FL 34602		Mailing Address 1260 BATTEN RD. BROOKSVILLE, FL 34602																																	
2. Principal Place of Business - No P.O. Box # 14247 7th Street Suite, Apt. #, etc. #118		3. Mailing Address 14247 7th Street Suite, Apt. #, etc. #118																																	
City & State Dade City, FL Zip 33523 Country USA		City & State Dade City, FL Zip 33523 Country USA																																	
4. FEI Number 20-4713567		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent VACHA, JOHN F 1260 BATTEN ROAD BROOKSVILLE, FL 34602		7. Name and Address of New Registered Agent Name John F Vacha Street Address (P.O. Box Number is Not Acceptable) 14247 7th Street #118 City Dade City FL Zip Code 33523																																	
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  John F Vacha DATE 29 Apr 07 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> PRES VACHA, JOHN F 1260 BATTEN ROAD BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VACHA, JOHN F 1260 BATTEN ROAD BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> Pres John F Vacha 14247 7th Street #118 Dade City, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres John F Vacha 14247 7th Street #118 Dade City, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VACHA, JOHN F 1260 BATTEN ROAD BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete																																		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres John F Vacha 14247 7th Street #118 Dade City, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																		
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 an other like empowered. SIGNATURE:  John F Vacha Date 29 Apr 07 Daytime Phone # 352 260 7055 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			