


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90058 040 ***150.00

DOCUMENT # P06000110508	
1. Entity Name IVAPORATE, INC	

Principal Place of Business 509 S. CHICKASAW TRAIL #318 ORLANDO, FL 32825 US	Mailing Address 509 S. CHICKASAW TRAIL #318 ORLANDO, FL 32825 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2507 ROSE SPRING DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32825	Country U.S.A

6. Name and Address of Current Registered Agent HARDY, PHILIP T 509 S CHICKASAW TRAIL #318 ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 title if applicable.	DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDY, PHILIP T 509 S CHICKASAW TRAIL #318 ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 all other like empowered.	
SIGNATURE: PHILIP T. HARDY	Date 7/2/07

40122811



04252007 Chg-P CR2E034 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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ATTACHMENT
40122811
706000110508

July 2, 2007

Florida Department of State

I did not receive my renewal for my annual report in a timely manner since it was sent to my post office box.

Please find the enclosed check and completed form for Hardy Health LLC.

Please update my file to use the following mailing address for all business correspondence.

Ivaporate Inc.
2507 Rose Spring Drive
Orlando, FL 32825

Thank you.

Philip T. Hardy