

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000046350

FILED  
Feb 18, 2011  
Secretary of State

Entity Name: INNOVATIVE PERFORMANCE CORP

**Current Principal Place of Business:**

4397 WINDRUSH DRIVE  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

4397 WINDRUSH DRIVE  
NICEVILLE, FL 32578 US

**New Mailing Address:**

FEI Number: 27-0249253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEPORE, KIM R  
4397 WINDRUSH DRIVE  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LEPORE, JOHN F JR.  
Address: 4397 WINDRUSH DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: VP  
Name: LEPORE, KIM R  
Address: 4397 WINDRUSH DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: SEC  
Name: LEPORE, KIM R  
Address: 4397 WINDRUSH DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: TREA  
Name: LEPORE, KIM R  
Address: 4397 WINDRUSH DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM LEPORE

VP

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date