## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## FILED Apr 30, 2007 08:00 AN Secretary of State

	ANNUAL	KEPUKI		Apr 30, 2007 08.	U
DOCUMENT # P33404  1. Entity Name				Secretary of St	t E
IPG FINA	ANCIAL, INC.				
Principal Plac	e of Business	Mailing Address			
1100 MAIN S	STE 1830 /, MO 64105 US	1100 MAIN STE 1830 Kansas City, MO 64105	US		
WHITE OF T	7,1110 04100 03	10110/10 0117, 1110 04100	00		
	till og skriver og skr	adaga Salaha - Maraja S Caraja Salaha - Kabara	A State		
	O NOT WRITE		nada pracija RE	01052007 No Chg-P CR2E034 (11/05)	
		IIN THIS STA	YE.	4. FEI Number Applied For Not Applicab	le
	and the second of the second o			5. Certificate of Status Desired  \$8.75 Additional Fee Required	_
	6. Name and Address of Current Re	egistered Agent	<del>`</del>	, , , , , , , , , , , , , , , , , , ,	
	REBECCA			DO NOT WRITE	
	IWINKLE WAY ISLAND, FL 33957		At the state of		
	·			IN THIS SPACE	*
	a named entity submits this statement for t	he purpose of changing its registe	red office or register	ered agent, or both, in the State of Florida. I am familiar with, and accept	ıt
SIGNATURE.					ļ
	Signature, typed or printed name of registered agent and	outle if applicable. (NOTE: Register	red Agent signature required	ed when reinstating) DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		5.00 May Be ded to Fees	
10.	OFFICERS AND D	RECTORS	- Constant	Committee of the state of the committee of the state of t	
TITLE NAME	PD PROVO, BRUCE A.			the property of the company of the property of the company of the	
STREET ADDRESS	8812 LINDEN DRIVE		Salah da	Additional of the same of the same of	
CITY-ST-ZIP	PRAIRIE VILLAGE, KS 66207	<del></del>	्रिक अधिक स्टेश्न स्टब्स्ट्रेस्ट्रिक ध्री	<u> </u>	
TITLE NAME	PROVO, CAROLINA E			05/16/07-80042-011 150.00	
STREET ADDRESS CITY - ST - ZIP	8812 LINDEN DR		1.7.	The state of the s	i
TITLE	PRAIRIE VILLAGE, KS 66208			And the second s	
NAME	WILKERSON, WALLACE R.		., .		, :
STREET ADDRESS CITY-ST-ZIP	15723 CORDELL RD KEARNEY, MO 64060		The state of the s	DO NOT WRITE	
TITLE				IN THIS SPACE	**
NAME STREET ADDRESS			Take same and	and the first for the first of the second of the first	
CITY-ST-ZIP			ကြင်းမှုနှင့်ရေးများကြောင်း ကြို့ကြုံရှိခြင့်အတွင်	on the figure of the season of the first tensor of the season of the sea	
TITLE				ing production of the production of the state of the stat	
NAME STREET ADDRESS					
CITY-ST-ZIP					
TITLE NAME		\		and the second of the second o	.,
STREET ADDRESS		)			

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23/17

816 421-2444

Daytime Phone #