
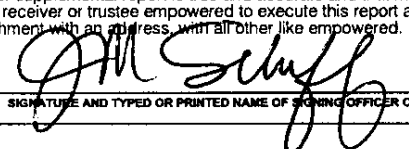


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90011 050 ***150.00

DOCUMENT # P95000032096 1. Entity Name FLORIDA INDEPENDENT PURCHASING ALLIANCE, INC.					
Principal Place of Business 119 EAST PARK AVENUE TALLAHASSEE, FL 32301			Mailing Address 119 EAST PARK AVENUE TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3311009	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEYER, RONALD G ESQ. 2544 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PP <input type="checkbox"/> Delete NAME ZAHN, BRAD STREET ADDRESS 2170 S. MILITARY TRAIL CITY-ST-ZIP WEST PALM BEACH, FL 33415			TITLE Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME ED SCHEFF, JAN STREET ADDRESS 119 EAST PARK AVENUE CITY-ST-ZIP TALLAHASSEE, FL 32301			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TO <input checked="" type="checkbox"/> Delete NAME BEYERS, ROGER STREET ADDRESS 1123 W. MAIN ST. CITY-ST-ZIP LEESBURG, FL 34748			TITLE Director Cheryl Lankford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Cheryl Lankford STREET ADDRESS 220 E. New York Ave. CITY-ST-ZIP Deland, FL 32724		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE Director Clarence Prevatt, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Clarence Prevatt, Jr. STREET ADDRESS 770 SR 52 CITY-ST-ZIP Hudson, FL 34467		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE Director Jacob Weiss <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Jacob Weiss STREET ADDRESS 202 E. Boynton Beach Blvd. CITY-ST-ZIP Boynton Beach, FL 33435		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE Director Robin Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Robin Williams STREET ADDRESS 3530 49th St. N. CITY-ST-ZIP St. Petersburg, FL 33710-2150		
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: 			1-30-06 850-222-0198 Date Daytime Phone #		