


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90024 020 \*\*\*158.75

<b>DOCUMENT # P95000058265</b>	
1. Entity Name <b>ILLUSTRATED PROPERTIES INTERNATIONAL INC.</b>	

Principal Place of Business <b>2401 PGA BLVD 249 Royal Palm Way 198 STE Palm Beach, FL 33410 PALM BEACH GARDENS FL 33410 US 33480</b>	Mailing Address <b>% RODNEY J. DILLARD 249 Royal Palm Way 1200 S. FLAGLER DRIVE, SUITE 201 WEST PALM BEACH FL 33401 US Palm Beach, FL 33480</b>
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**50015582**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>249 Royal Palm Way</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc. <b>301</b>	Suite, Apt. #, etc.
City & State <b>Palm Beach, FL</b>	City & State
Zip <b>33480</b>	Country <b>USA</b>

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>DILLARD, RODNEY J 2401 PGA BLVD 249 Royal Palm Way PALM BEACH GARDENS FL 33401 Suite 301 Palm Beach, FL 33480</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Rodney J. Dillard</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS <input type="checkbox"/> Delete DILLARD, RODNEY 1200 SOUTH FLAGLER DR- 210 El Dorado Lane WEST PALM BEACH FL 33401 Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete DILLARD, RODNEY 1200 SOUTH FLAGLER DR- 210 El Dorado Lane WEST PALM BEACH FL 33401 Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.
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SIGNATURE: <i>Rodney J. Dillard</i> <b>Rodney J. Dillard</b> , <b>9/5/05</b> <b>561-366-1121</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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