

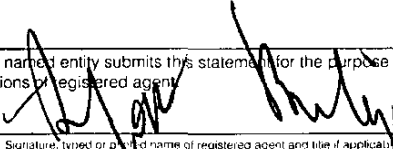
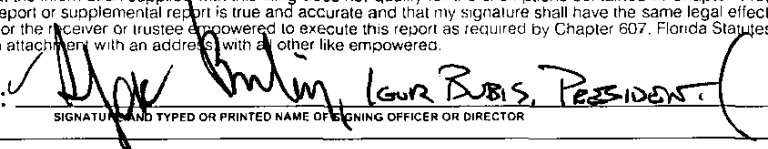


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90062 001 \*\*\*150.00

01-31-2007 90062 002 \*\*\*\*\*8.75

<b>DOCUMENT # P96000016847</b> 1. Entity Name <b>IB SYSTEMS, INC.</b>					
Principal Place of Business <b>3766 PENDLEBURY DR PALM HARBOR, FL 34685</b>			Mailing Address <b>3766 PENDLEBURY DR PALM HARBOR, FL 34685</b>		
2. Principal Place of Business - No P.O. Box # <b>17204 BREEDERS CUP DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>17204 BREEDERS CUP DRIVE</b> Suite, Apt. #, etc.			
City & State <b>ODESSA</b>		City & State <b>ODESSA</b>		4. FEI Number <b>59-3358738</b>	
Zip <b>33556</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUBIS, IGOR 3766 PENDLEBURY DR PALM HARBOR, FL 34685</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>17204 Breeders Cup Drive</b> City <b>ODESSA</b> FL Zip Code <b>33556</b>		
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  <b>IGOR BUBIS, PRESIDENT</b> DATE <b>01/27/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BUBIS, IGOR 3766 PENDLEBURY DR PALM HARBOR, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	17204 Breeders Cup Drive ODESSA FL 33556	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	17204 Breeders Cup Drive ODESSA FL 33556	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	17204 Breeders Cup Drive ODESSA FL 33556	<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:  <b>IGOR BUBIS, PRESIDENT</b> DATE <b>01/27/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					