2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 12, 2005 08:00 AM Secretary of State **DOCUMENT # P97000062502** 1. Entity Name IVORY ARABIANS, INC. Principal Place of Business _ Mailing Address 15810 N.W. 86TH AVE. P.O. BOX 1026 FAIRFIELD, FL 32634 FAIRFIELD, FL 32634 US 04042005 No Cha-P CB2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. PEI Number 59-3462138 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JAREMA, SABRINA P DO NOT WRITE 15810 N.W. 86TH AVE. FAIRFIELD, FL 32634 IN THIS SPACE 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, (NOTE: Registered Agent signature required when reinstating) 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000300549 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/12/05-80023-019 150.00 OFFICERS AND DIRECTORS 13. TITLE JAREMA, SABRINA P NAME 15810 N.W. 86TH AVE. STREET AODRESS CITY-ST-ZIP FAIRFIELD, FL 32634 TITLE NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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.

MANUA NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _____

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