


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90348 020 \*\*\*150.00

<b>DOCUMENT # P98000087348</b> 1. Entity Name <b>IPS VENTURES, INC.</b>					
Principal Place of Business <b>1820 EAST SHELL LANE VERO BEACH, FL 32963-4550</b>			Mailing Address <b>1820 EAST SHELL LANE VERO BEACH, FL 32963-4550</b>		
2. Principal Place of Business <b>13475 N Indian River Drive</b>			3. Mailing Address <b>13475 N Indian River Drive</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Sebastian, Florida</b>			City & State <b>Sebastian, Florida</b>		
Zip <b>32958-3457</b>			Zip <b>32958-3457</b>		
Country			Country		
4. FEI Number <b>65-0896516</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BRUNO, JULIET M 1820 EAST SHELL LANE VERO BEACH, FL 32963-4550</b>				Name  Street Address (P.O. Box Number is Not Acceptable) <b>13475 N Indian River Drive</b>	
City <b>Sebastian</b>				City <b>FL</b>	
Zip Code <b>32958-3457</b>				Zip Code <b>32958-3457</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: <i>Juliet M. Bruno</i> x <i>4/15/04</i>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRUNO, JULIET M 1820 EAST SHELL LANE VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.					
SIGNATURE: <i>Juliet M. Bruno</i> x <i>4/15/04</i> 772-581-0560					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

24048031



04032004 Chg-P CR2E034 (10/03)