

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000087348

1. Entity Name
IPS VENTURES, INC.



Principal Place of Business
13475 N INDIAN RIVER DRIVE
SEBASTIAN, FL 32958-3457

Mailing Address

13475 N INDIAN RIVER DRIVE
SEBASTIAN, FL 32958-3457

2. Principal Place of Business
12924 N. Highway A1A

3. Mailing Address
12924 N. Highway A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Vero Beach, Florida

City & State
Vero Beach, Florida

Zip
32963-9419

Country
US

Zip
32963-9419

Country
US

04012005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0896516

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNO, JULIET M
13475 N INDIAN RIVER DRIVE
SEBASTIAN, FL 32958-3457

7. Name and Address of New Registered Agent

Name Juliet M. Bruno

Street Address (P.O. Box Number is Not Acceptable)
12924 N. Highway A1A

City Vero Beach FL Zip Code
32963-9419

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: *Juliet Bruno* Juliet M. Bruno President

DATE: *4/27/05*

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRUNO, JULIET M 13475 N INDIAN RIVER DRIVE SEBASTIAN, FL 329583457	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Juliet M. Bruno 12924 N. Highway A1A Vero Beach, Florida 32963-9419	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: *Juliet Bruno* Juliet M. Bruno President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/05 772-581-0560

**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90970 043 ***150.00