

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003608

FILED
Mar 03, 2005
Secretary of State

Entity Name: INNOVATIVE QUALITY RESOURCES, INC.

Current Principal Place of Business:

812 CAPE VIEW DR.
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

812 CAPE VIEW DR.
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0886107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELLUTRI, CARMEN ESQ.
1809 COLONIAL BOULEVARD
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

DELLUTRI, CARMEN ESQ.
1436 ROYAL PALM SQUARE BLVD
FORT MYERS, FL 33919 US

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.

SIGNATURE:

03/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAITCH, BARBARA S.R.
Address: 812 CAPE VIEW DR.
City-St-Zip: FT. MYERS, FL 33919

Title: VP (X) Delete
Name: DAITCH, JONATHAN
Address: 812 CAPE VIEW DRIVE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA DAITCH

P

03/03/2005

Electronic Signature of Signing Officer or Director

Date