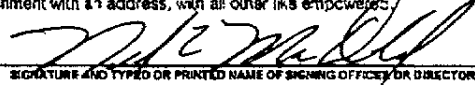


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000025314		
1. Entry Name INNOVATIVE POLISHING SYSTEMS, INC.		
Principal Place of Business 2822 SE MONROE ST UNIT C3 STUART, FL 34997		Mailing Address 2822 SE MONROE ST UNIT C3 STUART, FL 34997
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent PHILLIPS, KENDALL J ESQ THE BOSTON HOUSE 239 S INDIAN RIVER DRIVE FORT PIERCE, FL 34950		DO NOT WRITE IN THIS SPACE
9. 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 _____ Signature, typed or printed name of registered agent is applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GITTINS, DAVID B 2822 SE MONROE ST STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MACDONALD, EDMUND L 2822 SE MONROE STREET, UNIT C-3 STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: 		4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3571629Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required000000552692
05/15/06-80021-014 150.00

**DO NOT WRITE
IN THIS SPACE**