

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037159

FILED
Mar 15, 2004
Secretary of State

Entity Name: INNOVATIVE PRINT TECHNOLOGIES, INC.

Current Principal Place of Business:

4171 NW 135TH ST
OPA LOCKA, FL 330544658

New Principal Place of Business:

Current Mailing Address:

179 OLDE CANAL DR
LOWELL, MA 018512736

New Mailing Address:

FEI Number: 65-0914027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEATHEM, SHAUN
4171 NW 135TH ST
OPA LOCKA, FL 330544658

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: LEATHEM, SHAUN
Address: 15610 BULL RUN RD #715
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD () Delete
Name: CHRISTENSEN, WILLIAM
Address: 1510 NW 183RD TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PD () Delete
Name: BELSON, CRAIG
Address: 61 ASSABET AVE
City-St-Zip: CONCORD, MA 02742

Title: DT () Delete
Name: LOVEN, PETER
Address: 6 OLD ORCHARD LANE
City-St-Zip: LITTLETON, MA 01460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CRAIG BELSON

PD

03/15/2004

Electronic Signature of Signing Officer or Director

Date