2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P99000098786

Entity Name: INVESTMENT PUBLICATIONS OF THE PALM BEACHES, INC.

Current Principal Place of Business:

7690 ROCKPORT CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

1650 S.W. MALMO RD.
PORT ST. LUCIE, FL 34953

Current Mailing Address:

7690 ROCKPORT CIRCLE
LAKE WORTH, FL 33467

New Mailing Address:

1650 S.W. MALMO RD.
PORT ST. LUCIE, FL 34953

FEI Number: 65-0959381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIPPAS, WILLIAM M
7690 ROCKPORT CIRCLE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

CHIPPAS, WILLIAM M
1650 S.W. MALMO RD.
PORT ST. LUCIE, FL 34953 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: WILLIAM M CHIPPAS 04/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHIPPAS, WILLIAM
Address: 7690 ROCKPORT CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete
Name: CHIPPAS, DANIELA
Address: 7690 ROCKPORT CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHIPPAS, WILLIAM
Address: 1650 S.W. MALMO RD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T (X) Change ( ) Addition
Name: CHIPPAS, DANIELA
Address: 1650 S.W. MALMO RD.
City-St-Zip: PORT ST. LUCIE, FL 34953

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: WILLIAM CHIPPAS P 04/28/2005
Electronic Signature of Signing Officer or Director Date