

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # V26370		
1. Entity Name INTERNATIONAL BARTER EXCHANGE, INC.		
Principal Place of Business 1161 NORTH TAMiami TRAIL SARASOTA, FL 34236 US		Mailing Address P.O. BOX 1986 SARASOTA, FL 34230-1986 US
DO NOT WRITE IN THIS SPACE		
		02162006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0293702
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent UNGER, RON 1161 N TAMiami TRAIL SARASOTA, FL 34276		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000444098 03/06/06-80038-019 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT UNGER, MARY J 111 OGDEN ROAD SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UNGER, RONALD D 111 OGDEN ROAD SARASOTA, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____