
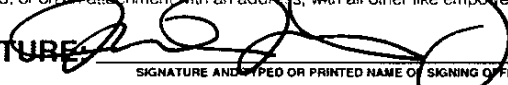


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90157 011 ***158.75

DOCUMENT # 455281					
1. Entity Name IAP WORLD SERVICES, INC.					
Principal Place of Business PO BOX 591 MILWAUKEE, WI 53201 US			Mailing Address PO BOX 591 MILWAUKEE, WI 53201 US		
2. Principal Place of Business 7315 N. Atlantic Ave. Suite, Apt. #, etc.		3. Mailing Address 7315 N. Atlantic Ave. Suite, Apt. #, etc.		40000000	
City & State Cape Canaveral, FL 32920		City & State Cape Canaveral, FL 32920		04142005 Chg-P CR2E034 (10/03)	
Zip 32920		Country US		4. FEI Number 59-1575859	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FILTEAU, MARK C		NAME	NEFFGEN, ALFRED V	
STREET ADDRESS	7315 N ATLANTIC AVENUE		STREET ADDRESS	7315 N. Atlantic Avenue	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete	TITLE	ASAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OKARMA, JEROME D		NAME	WALCOTT, JESSE	
STREET ADDRESS	507 E MICHIGAN STREET		STREET ADDRESS	7315 N. Atlantic Avenue	
CITY-ST-ZIP	MILWAUKEE, WI 53202		CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROELL, STEPHEN A		NAME	JENNINGS, JAMES W.	
STREET ADDRESS	5757 N. GREEN BAY AVE.		STREET ADDRESS	7315 N. Atlantic Avenue	
CITY-ST-ZIP	MILWAUKEE, WI		CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, JOHN P		NAME	MYERS, DAVID	
STREET ADDRESS	5757 N GREEN BAY AVE		STREET ADDRESS	1550 Bayside Drive	
CITY-ST-ZIP	MILWAUKEE, WI 53209		CITY-ST-ZIP	Corono del Mar, CA 92625	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOPS, DAVID H		NAME		
STREET ADDRESS	7315 N ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	ATAS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAYLOR, JAMES E		NAME	KOLLITIDES, GEORGE	
STREET ADDRESS	7315 N ATLANTIC AVENUE		STREET ADDRESS	299 Park Avenue	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP	New York, NY 10171	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 		James W. Jennings		4/18/05 321/784-7392	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Treasurer		Date Daytime Phone #	