

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004762

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** INTERNATIONAL PRODUCT NETWORK, INC.

**Current Principal Place of Business:**

1885 UNIVERSITY AVENUE WEST  
ST PAUL, MN 55104

**New Principal Place of Business:**

**Current Mailing Address:**

1885 UNIVERSITY AVENUE WEST  
ST PAUL, MN 55104

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOEMKE, JOSEPH  
5790 DIXIE BELL RD  
PALM BEACH GARDENS, FL 33418    US

**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

**OFFICERS AND DIRECTORS:**

Title:                      DP  
Name:                      THOEMKE, JOSEPH  
Address:                      5790 DIXIE BELL RD  
City-St-Zip:                      PALM BEACH GARDENS, FL 33418

Title:                      DST  
Name:                      THOEMKE, JANA  
Address:                      5790 DIXIE BELL RD  
City-St-Zip:                      PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH THOEMKE

DP

02/07/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date