


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # F00000005942
1. Entity Name
IABA, INC. OF CT



Principal Place of Business Mailing Address
21 BEACH DRIVE 21 BEACH DRIVE
MYSTIC, CT 06355-3291 MYSTIC, CT 06355-3291

DO NOT WRITE IN THIS SPACE



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
06-1586205 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZUCKETT, CRAIG
9002 WESTBAY BLVD
TAMPA, FL 33615

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000481115
04/11/06-80017-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BELLINGHERI, ANDREW P
STREET ADDRESS	21 BEACH DRIVE
CITY - ST - ZIP	MYSTIC, CT 06355
TITLE	ST
NAME	BELLINGHERI, CELESTE H
STREET ADDRESS	21 BEACH DRIVE
CITY - ST - ZIP	MYSTIC, CT 06355
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Celeste Bellingheri (Celeste Bellingheri) 3/20/06 860-536-4445 x20
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone