


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000004239

1. Entity Name
IEI ASSOCIATES, INC.



Principal Place of Business 618 N SCOTTSVALE LN ARLINGTON HEIGHTS, IL 60004-5849 US	Mailing Address 618 N SCOTTSVALE LN ARLINGTON HEIGHTS, IL 60004-5849 US
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3131531	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLEMENTS, MICHAEL L
 685 BROADOAK LOOP
 SANFORD, FL 32771**

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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, 2007 Fee will be \$550.00**

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

U00000584855
 01/12/07-80055-011 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CLEMENTS, S T 618 N SCOTTSVALE LN ARLINGTON HEIGHTS, IL 600045849
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENTS, MICHAEL L 685 BROADOAK LOOP SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLEMENTS, TERESA M 618 N SCOTTSVALE LN ARLINGTON HEIGHTS, IL 600045849
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *S.T. Clements* **S.T. Clements, President** *01/09/2007* **(847) 392-8528**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #