

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000903

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: INFORMATION ARCHITECTS CORPORATION

## Current Principal Place of Business:

1541 N DALE MABRY HWY  
201  
LUTZ, FL 33548

## New Principal Place of Business:

6500 NW 15TH AVE  
300  
FORT LAUDERDALE, FL 33309

## Current Mailing Address:

6500 NW 15TH AVE  
SUITE 300  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

FEI Number: 87-0399301      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRETON, ROLAND  
6500 NW 15TH AVE  
SUITE 300  
FORT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES      (X) Delete  
Name: CLARK, MICHAEL  
Address: 1541 N. DALE MABRY HIGHWAY  
City-St-Zip: LUTZ, FL 33358

Title: DCOO      ( ) Delete  
Name: OVERHULSER, WILLIAM  
Address: 3000 RIO MAR , #608  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D      ( ) Delete  
Name: MAURICE, CHARLES  
Address: 4801 MCKINLEY STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D      ( ) Delete  
Name: TRACY, ALFRED  
Address: 6500 NW 15TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM OVERHULSER

COO

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date