

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001988

FILED
Mar 26, 2007
Secretary of State

Entity Name: IAMCP - SOUTH FLORIDA, INC.

Current Principal Place of Business:

PO BOX 221494
WEST PALM BEACH, FL 33422

New Principal Place of Business:

17766 94TH STREET NORTH
LOXAHATCHEE, FL 33470

Current Mailing Address:

PO BOX 221494
WEST PALM BEACH, FL 33422

New Mailing Address:

FEI Number: 20-2394585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWERDLOFF, HOWARD
17766 94TH STREET NORTH
LOXAHATCHEE, FL 33470 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: P () Delete
Name: MCKEEN, JIM
Address: 6301 NW 5TH WAY; SUITE 1700
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: VP () Delete
Name: SWERDLOFF, HOWARD
Address: 17766 94TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: T () Delete
Name: CHERYL, BOXIE-SCOTT
Address: PO BOX 221494
City-St-Zip: WEST PALM BEACH, FL 33422 US

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL BOXIE SCOTT

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03/26/2007

Electronic Signature of Signing Officer or Director

_____ Date