

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90006 022 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                     |                                                                                                                                         |                                                                          |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N96000006415</b><br>1. Entity Name<br>INTERNATIONAL EDACS USER GROUP, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                                     |                                                                                                                                         |                                                                          |                                                                              |
| Principal Place of Business<br>4450 U.S. HIGHWAY 1<br>VERO BEACH, FL 32967                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                                     | Mailing Address<br>% MIKE MILLER<br>201 W. STATE ST<br>MARSHALLTOWN, IA 50158                                                           |                                                                          |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                                                                                         |                                                                          |                                                                              |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         | City & State<br><br>Zip      Country                                                |                                                                                                                                         | 4. FEI Number<br>65-0726506                                              |                                                                              |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         | \$8.75 Additional Fee Required                                                      |                                                                                                                                         |                                                                          |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>STORK, ROBERT W<br>4450 U.S. HIGHWAY 1<br>VERO BEACH, FL 32967                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City      FL      Zip Code |                                                                          |                                                                              |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                                     |                                                                                                                                         |                                                                          |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                         | \$5.00 May Be Added to Fees                                              |                                                                              |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                                                                     |                                                                                                                                         |                                                                          |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                            |                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DT<br>STORK, ROBERT WM.<br>4450 US HWY 1<br>VERO BEACH, FL 32967        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | DP<br>PASICZNYKETS, GARY<br>DENVER POLICE DEPARTMENT<br>DENVER, CO 80231 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>CARLUND, RICK<br>201 WEST STATE STREET<br>MARSHALLTOWN, IA 50158   | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | DT<br>MILLER, MIKE<br>201 W. STATE STREET<br>MARSHALLTOWN, IA 50158      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP<br>VANLING, JERRALD<br>1000 WIZZTH AVE.<br>DENVER, CO 80204          | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | D<br>RAYMOND, RYAN<br>2540 FAIR STREET<br>LINCOLN, NE 68503              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DS<br>LITSCHAUER, STEVE<br>515 11TH ST WEST<br>BRADENTON, FL 342057727  | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | DPE<br>VANLING, JERRALD<br>1600 W. 12 AVENUE<br>DENVER, CO 80204         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DV<br>PASICZNYKETS, GARY<br>DENVER POLICE DEPT.<br>DENVER, CO 80231     | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | D<br>EVANS, JUSTIN<br>299 GEORGE STRAKE BLVD.<br>CONROE, TX 77304        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DPE<br>WILBORN, DUANE<br>121 W MAIN STREET<br>PORT WASHINGTON, WI 53074 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | D<br>KEHRER, PAUL<br>1 RIVERSIDE PLAZA<br>COLUMBUS, OH 43215             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 617, 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: <u>Mike Miller</u> 1/31/08      641.752.5820<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                                     |                                                                                                                                         |                                                                          |                                                                              |

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## ATTACHMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                     |                                                                                                                   |                                                |                                                                       |
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| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         | City & State                                                                        |                                                                                                                   |                                                |                                                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                 | Zip                                                                                 | Country                                                                                                           | 4. FEI Number<br>65-0726506                    |                                                                       |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DT<br>STORK, ROBERT WM.<br>4450 US HWY 1<br>VERO BEACH, FL 32967        | <input type="checkbox"/> Delete                                                     |                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>YOUNG, JOHN DIRK<br>1521 RIDGELAND ROAD EAST<br>MOBILE, AL 36695 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>CARLUND, RICK<br>201 WEST STATE STREET<br>MARSHALLTOWN, IA 50158   | <input type="checkbox"/> Delete                                                     |                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BERNAL, CINDY<br>10300 SUNSET DRIVE<br>MIAMI, FL 33173          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>VANLING, JERRALD<br>1000 WIZZTH AVE.<br>DENVER, CO 80204          | <input type="checkbox"/> Delete                                                     |                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COLEMAN, GREG<br>_____, MN                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DS<br>LITSCHAUER, STEVE<br>515 11TH ST WEST<br>BRADENTON, FL 342057727  | <input type="checkbox"/> Delete                                                     |                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRUNKE, WERNER                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DV<br>PASICZNYKETS, GARY<br>DENVER POLICE DEPT.<br>DENVER, CO 80231     | <input type="checkbox"/> Delete                                                     |                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STORK, ROBERT WM.<br>4450 US HWY 1<br>VERO BEACH, FL 32967       |
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| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                                                                     |                                                                                                                   |                                                |                                                                       |
| <small>Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                     |                                                                                                                   |                                                |                                                                       |