


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000095917
 1. Entity Name
 INFORMATION MANAGEMENT OF AMERICA, INC.



Principal Place of Business Mailing Address
 8004 TRAVLERS TREE DR. P.O. BOX 880548
 BOCA RATON, FL 33433 BOCA RATON, FL 33488



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 51-0425730 Not Applicable

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

6. Name and Address of Current Registered Agent
 GOLDBERG, ROBERT
 8004 TRAVELERS TREE DR.
 BOCA RATON, FL 33433

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	GOLDBERG, ALAN M
STREET ADDRESS	8004 TRAVELERS TREE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	GOLDBERG, SHEILA
STREET ADDRESS	8004 TRAVELERS TREE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	PSD
NAME	GOLDBERG, ROBERT B
STREET ADDRESS	8004 TRAVELERS TREE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	GOLDBERG, DAWN
STREET ADDRESS	8004 TRAVELERS TREE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000344970
 04/30/05-80016-023 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alan M. Goldberg ALAN M. Goldberg 4/28/05 (561)750-7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #