2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

DOCUMENT # P05000104 1. Entity Name IMC AMERICA, INC.	1845				
Principal Place of Business	Mailing Address				
800 VILLAGE SQUARE CROSSING, SUITE 336 PALM BEACH GARDENS, FL 33410	800 VILLAGE SQUARE CROSSING, SUITE 336 PALM BEACH GARDENS, FL 33410				



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number	 Applied For
20-3207265	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STREET ADDRESS

MEYER, COLETTE K

1070 E. IN SUITE 312 JUPITER,				IN THIS SPACE
	named entity submits this statement for the ptions of registered agent	ourpose of changing its register	I. red office or registered age	ent, or both, in the State of Florida. I am familiar with, and accept
SIGNATORE	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Register	ed Agent signature required when re	- 000000000000
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		
10.	OFFICERS AND DIREC	CTORS	1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HABANSKY, WILLIAM'S JR. 800 VILLAGE SQUARE CROSSING, S PALM BEACH GARDENS, FL 33410	SUITE 336	to the state of th	and the state of t
TITLE *NAME STREET ADDRESS CITY-ST-ZIP	VPS HABANSKY, SHERRI 800 VILLAGE SQUARE CROSSING, 9 PALM BEACH GARDENS, FL 33410	SUITE 336		en e
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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-ex-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