2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 16, 2005 8:00 am **Secretary of State DOCUMENT # 438958** 1. Entity Name 02-16-2005 90027 032 ***150.00 I. M. A. ELECTRONICS, INC. Principal Place of Business Mailing Address 1/2 MILE OFF SR 23/FAIRBANK & WALD O, ALACHUA COUNTY P.O. BOX 124 PO BOX 124 TUULJ4DJ GAINESVILLE FL 32602-0124 **GAINESVILLE FL 32602** 2. Principal Place of Business 3. Mailing Address 6614 NW 26th Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Gaine Suille Applied For City & State 4. FEI Number 59-1511398 Not Applicable Country Alachua Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOHRMANN DIETRICH Street Address (P.O. Box Number is Not Acceptable) ROUTE 1 **GAINESVILLE FL 32602** City 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 . Signature, typed or printed name of registered agent and title if epplicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition ☐ Change TITLE ☐ Delete JOHRMANN, DIETRICH DOHRMANN, DIETRICH NAME NAME BOX124 (6614 NW Z6+4 Terrace) Gainesville FL (RT 1) BOX 124 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition DOHRMANN, IRMGARD, K NAME DOHRMANN, IRMGARD K. NAME BOX124 (6614 NW 26th Terrace) (RT 1) BOX 124 STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CITY-ST-7IP Gainesville 76 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

Feb. 14/05

FILED