


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90063 020 ***150.00

DOCUMENT # 826463 1. Entity Name THE INSTITUTE OF INTERNAL AUDITORS, INC.	
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Principal Place of Business 247 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701-4201 US	Mailing Address 247 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701-4201 US
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40029757



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

02232007 Chg-P CR2E034 (12/06)

4. FEI Number 13-5532538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RICHARDS, DAVID A 247 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, DAVIDA 247 MAITLAND AVE ALTAMONTE SPRINGS, FL 327014201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WARGA, THOMAS J MY LIFE INS. CO RM 701 5A MADISON AVE. NEW YORK, NY 100101603 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOEPFERT, STEPHEN D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CONTINENTAL AIRLINES NQ91A PO Box 4607 HOUSTON, TX 77210 4607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURRAY, LAURIE CANOA POST 2701 RIVERSIDE DR#169 OTTAWA, ON K1A 0b1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAHRMAN, PHILIP O ZURICH FINANCIAL SER. INC. 1400 AMER. LN. SCHAUMBURG, IL 60196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'BRIEN, FRANK M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OLIN CORP. 427 NORTH SHAMROCK EAST ALTON, IL 62024-1197
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GOEPFERT, STEPHEN D CONTINENTAL AIRLINES NQ91A P.O. BOX 4607 HOUSTON, TX 772104607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COX, GERALD D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OLD KELWAYS Somerton RD. Langport Somerset TA10 9YE UNITED KINGDOM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, EUGENE 247 MAITLAND AVE. ALTAMONTE SPRINGS, FL 327014201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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:  **EUGENE O'NEILL** 3/1/2007 407-937-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #