


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90465 024 \*\*\*150.00

<b>DOCUMENT # F03000004799</b> 1. Entity Name <b>IMA OF KANSAS, INC.</b>					
Principal Place of Business <b>250 N WATER, SUITE 600 WICHITA, KS 67201-2992</b>			Mailing Address <b>P.O. BOX 2992 WICHITA, KS 67201-2992</b>		
2. Principal Place of Business <b>8200 E. 32nd Street North</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Wichita, KS</b>		City & State		4. FEI Number <b>48-1123642</b>	
Zip <b>67226</b>		Country <b>Sedgwick</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOURKE, ANITA Z</b> <b>250 N WATER, SUITE 600</b> <b>WICHITA, KS 672012992</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Bourke, Anita Z</b> <b>8200 E. 32nd Street North</b> <b>Wichita, KS 67226</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SLOAN, JAMES E</b> <b>250 N WATER, SUITE 600</b> <b>WICHITA, KS 672012992</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Sloan, James E.</b> <b>8200 E. 32nd Street North</b> <b>Wichita, KS 67226</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCHULTZ, SUEANN V</b> <b>1631 S. TOPEKA</b> <b>TOPEKA, KS 66601</b> <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	<b>TD</b> <b>LYNCH, MICHAEL D</b> <b>250 N WATER, SUITE 600</b> <b>WICHITA, KS 672012992</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Lynch, Michael D.</b> <b>8200 E. 32nd Street North</b> <b>Wichita, KS 67226</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>COHEN, W.C.</b> <b>250 N WATER, SUITE 600</b> <b>WICHITA, KS 672012992</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bourke, Anita Z.</b> <b>8200 E. 32nd Street North</b> <b>Wichita, KS 67226</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUKENS, JOSEPH C II</b> <b>250 N WATER, SUITE 600</b> <b>WICHITA, KS 672012992</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Watson, Kurt D.</b> <b>8200 E. 32nd Street North</b> <b>Wichita, KS 67226</b> <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 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.					
<b>SIGNATURE: <i>Michael D. Lynch</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>Michael D. Lynch</b> <b>4/27/2006</b> <b>316-266-6296</b> Date Daytime Phone #		