

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005486

Entity Name: IEC, INC.

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

7200 LAKE ELLENOR DRIVE, SUITE 201
ORLANDO, FL 32809

New Principal Place of Business:

6118 HUCKLEBERRY AVE
ORLANDO, FL 32819

Current Mailing Address:

7200 LAKE ELLENOR DRIVE, SUITE 201
ORLANDO, FL 32809

New Mailing Address:

7010 W. HWY 71, STE 340, PMB 381
AUSTIN, TX 78735

FEI Number: 74-2996176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINKOUS, STEPHEN
7200 LAKE ELLENOR DRIVE, SUITE 201
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LINKOUS, STEPHEN
6118 HUCKLEBERRY AVE.
ORLANDO, FL 32819 US

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.

SIGNATURE:

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: HORNER, HOLLIS L
Address: 8328 LA PLATA LOOP
City-St-Zip: AUSTIN, TX 78737

Title: D () Delete
Name: ROBERTSON, LARRY D
Address: 2484 FM 39 N
City-St-Zip: JEWETT, TX 75846

Title: DV () Delete
Name: MARETT, ROD S
Address: 12910 OAK BEND
City-St-Zip: AUSTIN, TX 78727

Title: S () Delete
Name: SCHMIDT, JASON R
Address: 1896 TAHOE DR.
City-St-Zip: ROCKWALL, TX 75087

Title: T () Delete
Name: WARE, BYRON L
Address: 4639 SPRUCE STREET
City-St-Zip: BELLAIRE, TX 77041

Title: D () Delete
Name: REID, JAMES
Address: 21002 NOCONA COVE
City-St-Zip: LAGO VISTA, TX 78645

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLIS L. HORNER

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date