2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# F04000000700

Entity Name: INTERAMERICAN MORTOR CORPORATION

Current Principal Place of Business:

8901 CANOGA AVE
CANOGA PARK, CA 91304

New Principal Place of Business:

Current Mailing Address:

PO BOX 3939
CHATSWORTH, CA 91313

New Mailing Address:

FEI Number: 95-6046072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: GAERTNER, KARL
Address: 22143 HANBURG
City-St-Zip: GERMANY MERKURRING, OC

Title: D ( ) Delete
Name: BEER, THOMAS
Address: 8901 CANOGA AVE
City-St-Zip: CANOGA PARK, CA 91304

Title: VP ( ) Delete
Name: JONSSON, MATT
Address: 8901 CANOGA AVE
City-St-Zip: CANOGA PARK, CA 91304

Title: S ( ) Delete
Name: SMITH, KEITH
Address: 8901 CANOGA AVE
City-St-Zip: CANOGA PARK, CA 91304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: MYER, WARD
Address: 8901 CANOGA AVE
City-St-Zip: CANOGA PARK, CA 91304

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: KEITH SMITH CFO 04/02/2009

Electronic Signature of Signing Officer or Director — Date