

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006387

FILED  
Mar 06, 2007  
Secretary of State

Entity Name: INCOME MANAGEMENT CONSULTANTS, INC.

## Current Principal Place of Business:

415 NORTHGATE DRIVE  
WARRENDALE, PA 15006

## New Principal Place of Business:

## Current Mailing Address:

415 NORTHGATE DRIVE  
WARRENDALE, PA 15006

## New Mailing Address:

FEI Number: 25-1845703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOCASTRO, LEONARD III  
100 VENICE AVE. W. STE. K  
VENICE, FL 34285 US

## Name and Address of New Registered Agent:

LOCASTRO, LEONARD 111  
100 VENICE AVE. W. STE. K  
VENICE, FL 34285 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: LEONARD LOCASTRO 111

03/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: PARASILITI, JOSEPH S  
Address: 215 DOMINICAN WAY  
City-St-Zip: ZELIENOPLE, PA 16063

Title: VPD (X) Delete  
Name: SPAGNOLO, JOHN A  
Address: 115 NURSERY RD.  
City-St-Zip: RENFREW, PA 16053

Title: SD ( ) Delete  
Name: KENNEDY, JAMES J  
Address: 200 DOGWOOD CIRCLE  
City-St-Zip: BADEN, PA 15005

Title: TVC ( ) Delete  
Name: TRUCHAN, STEPHEN A JR  
Address: 103 APPLE HILL CT  
City-St-Zip: GIBSONIA, PA 15044

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES J KENNEDY

SD

03/06/2007

Electronic Signature of Signing Officer or Director

Date