## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 29, 2008 8:00 am Secretary of State

DOCUMENT # F05000004603  1. Entity Name IMA OF COLORADO, INC.						4	05-29-2008	90198 007 ***	150.00	
Principal Place of Business Mailing Address										
1550 SEVENTEENTH STREET DENVER, CO 80202		1550 SEVENTEENTH STREET DENVER, CO 80202		, 4				1 <b>50</b> /4 <b>50</b> /4 <b>50/4</b> 51/6		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04302008	Chg-P	CR2E034 (12/06	5)	
City & State		City & State			<u>-</u> -	4. FEI Numbe 84-1194			Applied For Not Applicable	
Zip 	Country	Zip	Countr				of Status Desired	□ \$8.75 A Fee Requ		
<del></del>	6. Name and Address of Current F	legistered Agent		Name		7. Name and	Address of New R	egistered Agent	<del></del>	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE					dress (F	ress (P.O. Box Number is Not Acceptable)				
SUITE 4 WESTON, FL 33331										
			City		FL 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 Signature, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5  Trust Fund Contribution.						00 May Be ed to Fees				
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE			TiTLE					☐ Chang	e	
NAME STREET ADDRESS CITY-ST-ZIP	8200 EAST 32ND STREET NORTH SITE			ET ADDRESS -ST-ZIP						
TITLE	D Delete Titu		THTLE					☐ Chang	e 🔲 Addition	
NAME	COHEN, ROBERT L									
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE			TITLE					☐ Chang	e	
NAME -	LYNCH, MICHAEL D	X 2000	MAM	·					_	
STREET ADDRESS  CITY-ST-ZIP	250 WATER, SUITE 600			ET ADDRESS -ST-ZIP						
TITLE	WITCHITA, KS 67202	☐ Delete	TITLE					Chang	e	
NAME	REITER, ROBERT J		NAMI					و ما ما ما		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP						
TITLE	V	☐ Delete	TITLE			·		☐ Chang	e 🗌 Addition	
NAME STREET ADDRESS	POBUDA, CONRAD  1550 SEVENTEENTH STREET		NAMI	E Et address						
CITY-ST-ZIP	DENVER, CO 80202			-ST-ZIP						
TITLE	S	☐ Delete	TITLE					Chang	e Addition	
NAME CERTET ADDRESS	SCHULTZ, SUEANN	T- C	NAMI							
STREET ADDRESS CITY-ST-ZIP	1251 SW ARROWHEAD RD SUIT TOPEKA, KS 66604	E		ET ADDRESS - ST - ZIP						
	certify that the information supplied with	this filing does not qualify for		L	ntained	in Chanter 119	Florida Statutae I	further certify that the	information	

Indexety certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attackment with an address, with all other like empowered.

SIGNATURE:

Michael D. Lynch

4/30/2008 316-266-6296 Daytime Phone #