2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007073

Entity Name: IMA OF TEXAS, INC.

FILED Apr 28, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
8401 N. CENTRAL EXPRESSWAY, SUITE 225 DALLAS, TX 75225				14185 DALLAS PARKWAY SUITE 800 DALLAS, TX 75254			
Current Mailing Address:				New Mailing Address:			
8401 N. CENTRAL EXPRESSWAY, SUITE 225 DALLAS, TX 75225				14185 DALLAS PARKWAY SUITE 800 DALLAS, TX 75254			
FEI Number	: 20-2045376	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:		Name and	Address o	of New Registered Agent:	
2731 EXE	RVICES, INC. CUTIVE PARI FL 33331	(DRIVE, SUITE 4 US					
	named entity e of Florida.	submits this statement for the p	purpose c	of changing i	ts registere	d office or registered agent, or both,	
SIGNATUI	RE:						
	Electro	nic Signature of Registered Ag	ent			Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	D (WATSON, KUI 8200 EAST 32 WICHITA, KS	ND ST		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	LYNCH, MICH	ND ST NORTH		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	WEBER, DAR	CENTRAL EXPRESSWAY SUITE 225		Title: Name: Address: City-St-Zip:	DP WEBER, DA 14185 DALI DALLAS, TX	LAS PARKWAY, SUITE 800	
Title: Name: Address: City-St-Zip:	SCHULTZ, SÚ	OWHEAD RD SUITE C		Title: Name: Address: City-St-Zip:		() Change () Addition	

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: MICHAEL D LYNCH DT 04/28/2009