


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000001618
 1. Entity Name
 IMS EVENTS, INC.



Principal Place of Business 4790 WEST 16TH STREET INDIANAPOLIS, IN 46222	Mailing Address 4790 WEST 16TH STREET INDIANAPOLIS, IN 46222
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01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1943070	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN00000608225
 02/01/07-80001-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GEORGE, ANTON H 4790 WEST 16TH STREET INDIANAPOLIS, IN 46222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BRIGHTON, W. CURTIS 4790 WEST 16TH STREET INDIANAPOLIS, IN 46222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT BELSKUS, JEFFREY G 4790 WEST 16TH STREET INDIANAPOLIS, IN 46222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNYDER, JACK R 4790 WEST 16TH STREET INDIANAPOLIS, IN 46222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEORGE, MARI H 4790 WEST 16TH STREET INDIANAPOLIS, IN 46222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FORBES, KEVIN 4790 WEST 16TH STREET INDIANAPOLIS, IN 46222

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey G. Belskus **Jeffrey G. Belskus** 1/18/07 317-492-6730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #