2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001900

Entity Name: IAS ADMINISTRATIONS, INC.

FILED Jan 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

210 SOUTH FORT HARRISON CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

PO BOX 899 CLEARWATER, FL 33757

FEI Number: 98-0136014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, PAUL B 112 SOUTH MAGNOLIA AVE TAMPA, FL 33606 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:

Floring Company of Devictors of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 T () Delete
 Title:
 C (X) Change () Addition

 Name:
 FRASER, DEBORAH
 Name:
 FRASER, DEBORAH

 Address:
 P.O. BOX 956
 Address:
 P.O. BOX 956

 City-St-Zip:
 CLEARWATER, FL 33757
 CLEARWATER, FL 33757

Title: V () Delete Title: D (X) Change () Addition Name: PRAAG, GEORGE Name: PRAAG, GEORGE

Address: PO BOX 3335 Address: PO BOX 3335

City-St-Zip: CURACAO NETH ANTILLES, NE 34616 City-St-Zip: CURACAO NETH ANTILLES, NE 34616

Title: D () Delete Title: S (X) Change () Addition Name: MACMAHON, TERENCE Name: MACMAHON, TERENCE

Address: PO BOX 1230 Address: PO BOX 1230

City-St-Zip: CLEARWATER, FL 33757 City-St-Zip: CLEARWATER, FL 33757

Title: Title: T () Change (X) Addition

Name:Name:WARREN, CAROLEAddress:Address:1311 N NEW HAMPSHIRE AVECity-St-Zip:City-St-Zip:LOS ANGELES, CA 90027

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE WARREN T 01/23/2008