2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F96000001900

Entity Name: IAS ADMINISTRATIONS, INC.

Current Principal Place of Business:

210 SOUTH FORT HARRISON
CLEARWATER, FL 33756

New Principal Place of Business:

210 S. OSCEOLA AVE
CLEARWATER, FL 33755

Current Mailing Address:

PO BOX 899
CLEARWATER, FL 33757

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: FRASER, DEBORAH
Address: P.O. BOX 956
City-St-Zip: CLEARWATER, FL 33757

Title: D ( ) Delete
Name: PRAAG, GEORGE
Address: PO BOX 3335
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

Title: S ( ) Delete
Name: MACMAHON, TERENCE
Address: PO BOX 1230
City-St-Zip: CLEARWATER, FL 33757

Title: T ( ) Delete
Name: WARREN, CAROLE
Address: 1311 N NEW HAMPSHIRE AVE
City-St-Zip: LOS ANGELES, CA 90027

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FRASER, DEBORAH
Address: P.O. BOX 956
City-St-Zip: CLEARWATER, FL 33757

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: RAOS, MISLAV
Address: 1311 N NEW HAMPSHIRE AVE
City-St-Zip: LOS ANGELES, CA 90027

Title: D ( ) Change (X) Addition
Name: WARREN, CAROLE
Address: 1311 N NEW HAMPSHIRE AVE
City-St-Zip: LOS ANGELES, CA 90027 US

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: TERENCE MACMAHON S 01/14/2009

Electronic Signature of Signing Officer or Director — Date