

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000001900

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** IAS ADMINISTRATIONS, INC.

**Current Principal Place of Business:**

210 S. OSCEOLA AVE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**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:** P  
**Name:** FRASER, DEBORAH  
**Address:** P.O. BOX 956  
**City-St-Zip:** CLEARWATER, FL 33757

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

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

**Title:** T  
**Name:** RAOS, MISLAV  
**Address:** 1311 N NEW HAMPSHIRE AVE  
**City-St-Zip:** LOS ANGELES, CA 90027

**Title:** D  
**Name:** WARREN, CAROLE  
**Address:** 1311 N NEW HAMPSHIRE AVE  
**City-St-Zip:** LOS ANGELES, CA 90027 US

I hereby 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 all other like empowered.

**SIGNATURE:** MISLAV RAOS

T

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date