

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90306 033 ***150.00

DOCUMENT # F96000004689 1. Entity Name INTERNAL AUDIT BUREAU, INC.					
Principal Place of Business 233 NORTHERN BLVD STE 2 CLARKS SUMMIT, PA 18411			Mailing Address 233 NORTHERN BLVD STE 2 CLARKS SUMMIT, PA 18411		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04102006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 22-2573963	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, CHERIE 4910 14TH WEST STE 203 BRADENTON, FL 34207			7. Name and Address of New Registered Agent Name IAB INC. - MICHAEL KOWALSKI Street Address (P.O. Box Number is Not Acceptable) 4910 14TH STREET WEST SUITE 203 City BRADENTON FL Zip Code 34207		
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 <u>Michael Kowalski</u> <u>Controller</u> DATE <u>4-13-06</u> 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, KENNETH 1016 PHEASANT RUN CLARKS SUMMIT, PA 18411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, BARBARA 1016 PHEASANT RUN CLARKS SUMMIT, PA 18411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KOWALSKI, MICHAEL 233 NORTHERN BLVD CLARKS SUMMIT, PA 18411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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: <u>Michael J Kowalski</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-12-06</u>		Daytime Phone # <u>570-587-1000</u>