

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000006279**

1. Entity Name  
**INFORMATION INTERNATIONAL ASSOCIATES, INC.**



Principal Place of Business

P.O. BOX 4219  
OAK RIDGE, TN 37831

Mailing Address

P.O. BOX 4219  
OAK RIDGE, TN 37831



02092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1500232**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

GARDNER, STEVE  
EGLIN CCSS #  
108 N MCCARTHY AVE STE 1  
EGLIN AFB, FL 32542

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

*Steve Gardner*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**22 Feb 2007**

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CARROLL, BONNIE C
STREET ADDRESS	10805 FOX PARK
CITY-ST-ZIP	KNOXVILLE, TN 37931
TITLE	S
NAME	COOPER, ROY
STREET ADDRESS	10805 FOX PARK
CITY-ST-ZIP	KNOXVILLE, TN 37931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80037-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Johnnie Sexton* (JOHNNIE SEXTON)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/07**

Date

**865-481-0388**

Daytime Phone #