

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000903

FILED
Apr 28, 2005
Secretary of State

Entity Name: INFORMATION ARCHITECTS CORPORATION

Current Principal Place of Business:

1541 N DALE MABRY HWY
201
LUTZ, FL 33548

New Principal Place of Business:

6500 NW 15TH AVE
300
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6500 NW 15TH AVE
SUITE 300
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 87-0399301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRETON, ROLAND
6500 NW 15TH AVE
SUITE 300
FORT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES (X) Delete
Name: CLARK, MICHAEL
Address: 1541 N. DALE MABRY HIGHWAY
City-St-Zip: LUTZ, FL 33358

Title: DCOO () Delete
Name: OVERHULSER, WILLIAM
Address: 3000 RIO MAR , #608
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: MAURICE, CHARLES
Address: 4801 MCKINLEY STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: TRACY, ALFRED
Address: 6500 NW 15TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM OVERHULSER

COO

04/28/2005

Electronic Signature of Signing Officer or Director

Date