


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N05000000762 1. Entity Name FLORIDA EAST COAST CHAPTER OF THE INSTITUTE OF INTERNAL AUDITORS, INC.	
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Principal Place of Business 7351 OFFICE PARK PLACE MELBOURNE, FL 32940	Mailing Address 7351 OFFICE PARK PLACE MELBOURNE, FL 32940
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2228329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, JILL
RSM MCGLADREY, INC.
7351 OFFICE PARK PLACE
MELBOURNE, FL 32940

**DO NOT WRITE
IN THIS SPACE**

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: Jill Reyes (NOTE: Registered Agent signature required when reinstating)
DATE: 4/10/08

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, JILL C/O 7351 OFFICE PARK PLACE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIDGEMAN, RANDALL E 10280 SW STEPHANIE WAY #203 PORT SAINT LUCIE, FL 34987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EWING, CLARA C/O 7351 OFFICE PARK PLACE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLUTIE, RICHARD C/O 1110 WEST HIBISCUS BLVD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/08-80021-001 61.25

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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 617, 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: Jill Reyes (NOTE: Signature and typed or printed name of signing officer or director)
DATE: 4/10/08 DAYTIME PHONE #: 321-751-6200