2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N05000008660

Entity Name: INTERNATIONAL MASTERMIND ASSOCIATION, INC.

Current Principal Place of Business:

6600 NW 27TH AVE
208
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

6600 NW 27TH AVE
208
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 20-8336706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCNEILL, ANN
6600 NW 27TH AVE
208
MIAMI, FL 33147 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:	PD	( ) Delete
Name:	MCNEILL, ANN	
Address:	19201 E OAKMONT DR	
City-St-Zip:	MIAMI LAKES, FL 33015 US	
Title:	VPD	( ) Delete
Name:	THOMAS, NIFRETTA	
Address:	1499 NW 74TH ST	
City-St-Zip:	MIAMI, FL	
Title:	SD	( ) Delete
Name:	MITCHELL-DAWSEY, JUANITA	
Address:	8021 NE 7TH AVE	
City-St-Zip:	MIAMI, FL 33138	
Title:	TD	( ) Delete
Name:	LEWIS, YOLANDA	
Address:	3921 SW 186TH AVE	
City-St-Zip:	MIRAMAR, FL 33029	

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:	TD	(X) Change ( ) Addition
Name:	ENGLISH, YOLANDA	
Address:	3921 SW 186TH AVE	
City-St-Zip:	MIRAMAR, FL 33029	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANN MCNEILL PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date