

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011369

Entity Name: IAM RESTORATION, INC.

FILED  
Feb 13, 2007  
Secretary of State

## Current Principal Place of Business:

5086 GOLFVIEW COURT  
SUITE 1612  
DELRAY BCH, FL 33484

## Current Mailing Address:

P.O.BOX 810292  
BOCA RATON, FL 33481

## New Principal Place of Business:

5086 GOLFVIEW COURT  
SUITE 1612  
DELRAY BEACH, FL 33484

## New Mailing Address:

FEI Number: 20-3502351      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARTER, JAMES H  
5086 GOLFVIEW CT  
SUITE 1612  
DELRAY BCH, FL 33484 US

## Name and Address of New Registered Agent:

CARTER, JAMES H  
5086 GOLFVIEW CT  
SUITE 1612  
DELRAY BEACH, FL 33484 US

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: \_\_\_\_\_

02/13/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CARTER, JAMES H  
Address: 5086 GOLFVIEW COURT  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VTD ( ) Delete  
Name: CARTER, JILL M  
Address: 5086 GOLFVIEW COURT  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete  
Name: SOLIMINI, STEVEN  
Address: 18701 CASSANDRA POINT LANE  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: SOLIMINI, SHARON  
Address: 18701 CASSANDRA POINT LANE  
City-St-Zip: BOCA RATON, FL 33496

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: BARNWELL, JAMES  
Address: 596 MICAH'S WAY  
City-St-Zip: MORAVIAN FALLS, NC 28654

Title: D (X) Change ( ) Addition  
Name: BARNWELL, DONNA  
Address: 596 MICAH'S WAY  
City-St-Zip: MORAVIAN FALLS, NC 28654

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES H. CARTER

PSD

02/13/2007

Electronic Signature of Signing Officer or Director

Date