

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011369

FILED
Apr 15, 2009
Secretary of State

Entity Name: IAM RESTORATION, INC.

Current Principal Place of Business:

5086 GOLFVIEW COURT
SUITE 1612
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 88
WILKESBORO, NC 28697

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:

SOLIMINI, STEVEN
18701 CASSANDRA POINT LANE
BOCA RATON, FL 33496 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: 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: BARNWELL, JAMES
Address: 596 MICAH'S WAY
City-St-Zip: MORAVIAN FALLS, NC 28654

Title: D () Delete
Name: SOLIMINI, STEVEN
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: () 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 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: JILL CARTER

VTD

04/15/2009

Electronic Signature of Signing Officer or Director

Date