

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31742

FILED
May 02, 2006
Secretary of State

Entity Name: IMPROVEMENT OF MINORITIES IN INTERNAL REVENUE SERVICE "(AIM-IRS)", INC.

Current Principal Place of Business:

C/O CROOK, TERRI
POST OFFICE BOX 15736
PLANTATION, FL 33318 US

New Principal Place of Business:

C/O PHYLLIS TYLER
POST OFFICE BOX 15736
PLANTATION, FL 33318 US

Current Mailing Address:

C/O CROOK, TERRY
POST OFFICE BOX 15736
PLANTATION, FL 33318 US

New Mailing Address:

C/O PHYLLIS TYLER
POST OFFICE BOX 15736
PLANTATION, FL 33318 US

FEI Number: 65-0070697 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVANS, CYNTHIA
7850 SW 6TH COURT
PLANTATION, FL 33324 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: P () Delete
Name: TYLER, PHYLLIS E
Address: 7850 SW 6TH COURT
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: EVANS, CYNTHIA
Address: 9640 NW 7TH CIRCLE
City-St-Zip: PLANTATION, FL 33324

Title: S () Delete
Name: SWAGGER, LASHARA
Address: 64 PLEASANT HILL LANE
City-St-Zip: TAMARAC, FL 33319

Title: VD () Delete
Name: MOORE, TERRY
Address: 7850 SW 6TH COURT
City-St-Zip: PLANTATION, FL

Title: S () Delete
Name: MORRIS, SOPHIE
Address: 7220 NW 16TH ST.
City-St-Zip: PLANTATION, FL 33313

Title: VD () Delete
Name: OLIVER, MADELINE
Address: 7410 SOUTH US HWY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

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
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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 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: CYNTHIA EVANS

T

05/02/2006

Electronic Signature of Signing Officer or Director

Date