

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 02, 2006  
Secretary of State**

DOCUMENT# N31742

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  
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 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