

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2007
Secretary of State**

DOCUMENT# N31742

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

Current Principal Place of Business:

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

New Principal Place of Business:

C/O PHYLLIS TYLER
7850 SW 6TH COURT
PLANTATION, FL 33324 US

Current Mailing Address:

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

New Mailing Address:

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:

Name and Address of New Registered Agent:

EVANS, CYNTHIA
7850 SW 6TH COURT
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

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

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

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

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

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: CYNTHIA EVANS

T

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date