


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N31742	
1. Entity Name IMPROVEMENT OF MINORITIES IN INTERNAL REVENUE SERVICE "(AIM-IRS)", INC.	

Principal Place of Business C/O PHYLLIS TYLER 7850 SW 6TH COURT PLANTATION, FL 33324 US	Mailing Address C/O PHYLLIS TYLER POST OFFICE BOX 15736 PLANTATION, FL 33318 US
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04142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0070697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cynthia Evans 4-14-08
Signature typed for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

05/01/08-80010-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYLER, PHYLLIS E 7850 SW 6TH COURT PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS, CYNTHIA 9640 NW 7TH CIRCLE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWAGGER, LASHARA 64 PLEASANT HILL LANE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, TERRY 7850 SW 6TH COURT PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, SOPHIE 7220 NW 16TH ST. PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLIVER, MADELINE 7410 SOUTH US HWY 1 PORT SAINT LUCIE, FL 34952

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia Evans 4/14/08 954 4237428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #