

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000741

FILED  
Jun 30, 2006  
Secretary of State

**Entity Name:** INDOOR AIR QUALITY ASSOCIATION, INC.

**Current Principal Place of Business:**

12339 CARROLL AVE  
ROCKVILLE, MD 20852

**New Principal Place of Business:**

**Current Mailing Address:**

12339 CARROLL AVE  
ROCKVILLE, MD 20852

**New Mailing Address:**

**FEI Number:** 59-3596161      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

BAILEY, HOLL  
8633 DAMASCUS DR.  
PALM BEACH GARDENS, FL 33418      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:**

Title: D      ( ) Delete  
Name: YACOBELLIS, THOMAS  
Address: 2054 WEAVER PARK DRIVE  
City-St-Zip: CLEARWATER, FL 33765

Title: D      ( ) Delete  
Name: FELLMAN, GLENN  
Address: 1 CASINO COURT  
City-St-Zip: SILVER SPRINGS, MD 20906

Title: DP      ( ) Delete  
Name: ROBERT, BAKER  
Address: 608 CITICORP DRIVE #500  
City-St-Zip: TAMPA, FL 33619

Title: DT      ( ) Delete  
Name: GREG, LONG  
Address: 2825 GHOLSON RD  
City-St-Zip: WACO, TX 76704

Title: D      ( ) Delete  
Name: MICHAEL, GREENE  
Address: 22 LAKEVIEW AVE, SUITE 400  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D      ( ) Delete  
Name: MICHAEL, CASANOVA  
Address: 1500 MONROE STREET, 4TH FLOOR  
City-St-Zip: FORT MYERS, FL 33902

**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: GLENN FELLMAN

D

06/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date