2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 Al Secretary of State DOCUMENT # P0000012728 CIII DO

1. Entity Name INFORMATION FRONTIERS, INC.				V			y or state
Principal Place of Business 7418 SEAGULL WAY TAMPA, FL 33635	7418	g Address 3 SEAGULL WAY PA, FL 33635			##!!! ##!!! ##!!! 78 :!! 87 !!	U BOJE ! U D IO 1:01	1886 HARA (8188) 12 (88)
DO NOT V	VDITE IN	THIS SDA	<u> </u>	03282006	No Chg-P	CR2E034	4 (11/05)
DO NOT WRITE IN THIS SPA			OL.	4. FEI Numbe 59-362		· · · · · · · · · · · · · · · · · · ·	Applied For Not Applicable
				5. Certificate	of Status Desired		8.75 Additional ee Required
AUNGST, JAMES C 7418 SEAGULL WAY TAMPA, FL 33635 8. The above named entity submits th the obligations of registered agent. SIGNATURE				IN T	NOT W THIS SP	ACE	miliar with, and accept
9. Floriton Compnion Finan			ed Agent signature requirer	.00 May Be		DATE	
FILE NOW!!! FEE IS S After May 1, 2006 Fee wil	130.00	Trust Fund Contribution	Ado	led to Fees			
TITLE P AUNGST, JAMES C STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33635 TITLE NAME STREET ADDRESS CITY-ST-ZIP	FICERS AND DIRECTO	35			U000 05/11/0	005452! 6-8007	51 1-010 150.0
IITLE NAME CTOFFT ADDRESS			1	-			

DO NOT WRITE IN THIS SPACE

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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 607, 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

CHTY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP

> TED NAME OF SIGNING OFFICER OR DIRECTOR IGNATURE AND TYPED OR PR