


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000039214**  
 1. Entity Name  
 INSTITUTE OF AMERICAN STUDIES, INC.



Principal Place of Business      Mailing Address  
 2033 MAIN STREET SUITE 303      P.O. BOX 2704  
 SARASOTA, FL 34237              SARASOTA, FL 34230

**DO NOT WRITE IN THIS SPACE**



02032007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0680335</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 KING, CLIFFORD M  
 2033 MAIN STREET SUITE 303  
 SARASOTA, FL 34237

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, HORACE C 1020 N STATE STREET FLORA, IL 62839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KING, CLIFFORD P.O. BOX 2704 SARASOTA, FL 34230
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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.

SIGNATURE: Clifford M King      Date: 2-3-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #