## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 23, 2006 08:00 AN Secretary of State

DOCUMENT # P00000115990  1. Entity Name I'M BACK, INC.			Secretary of State			
Principal Place of Business	Mailing Address					
3527 WEBBER STREET SARASOTA, FL 34239	3527 WEBBER STREET Sarasota, FL 34239					
		- :				
			01192006 No	Chg-P C	R2E034 (	.1/05)
DO NOT WRITE IN THIS SPACE		ACE	4. FEI Number			Applied For
			65-1064538			Not Applicable
			5. Certificate of Statu	s Desired		75 Additional Required
6. Name and Address	of Current Registered Agent	_				
BATSIAN, ALIK			DO NO	T MP	ITE	
319 MIMOSA CIR SARASOTA, FL 34232			•			
3A1VA3O [A, FL 34232			IN THI	S SPA	CE	
The above named entity submits this s the obligations of registered agent.	talement for the purpose of changing its regist	ered office or register	red agent, or both, in the	State of Florida.	l am famili	ar with, and accept
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature is			i when reinstating)		DATE	<del></del>
FILE NOW!!! FEE IS \$15 After May 1, 2006 Fee will b	9. Election Campalgn Fir Trust Fund Contribution		.00 May Be led to Fees			
	CERS AND DIRECTORS			····		
TITLE DPST NAME BATSIAN, ALIK		1				
STREET ADDRESS 319 MIMOSA CIR		1				
CITY-ST-ZIP SARASOTA, FL 34232	2	1				
TITLE		7		Hammara:	3878	
NAME		1		25/06-80 <u>(</u>		9 150.00
CORRECT ADDRESS						,

DO NOT WRITE IN THIS SPACE

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 ampowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
THLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #