

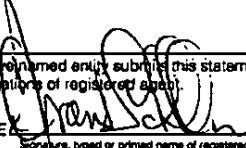
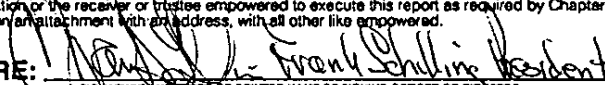
2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2005-90140-010-\$150.00-\$150.00

FILED

05 OCT -4 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059444			
1. Entity Name THE INVESTORS ASSOCIATES, INC.			
Principal Place of Business 410 BERMUDA ISLES VENICE, FL 34292		Mailing Address PO BOX 1335 VENICE, FL 34284	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1136755		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHILLING, FRANK 905 CHICKADEE DRIVE VENICE, FL 34292		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 410 BERMUDA ISLES City VENICE FL Zip Code 34292	
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  Frank Schilling, President DATE 9-27-05 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHILLING, FRANK 410 BERMUDA ISLES VENICE, FL 34292 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS 10/4 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Frank Schilling, President		DATE 9-27-05 DAYTIME PHONE # PH 497-0831	