2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 07, 2006 8:00 am Secretary of State

Principal Place of Business Mailing Address 7506 WILLOW COURT TAMPA, FL 33634	DOCUMENT # P02000047580 1. Entity Name IEC SERVICES, INC.						06-07-2006 90003 030 ***158.75			
2. Principal Piace of Business	Principal Place of Business Mailing Address				····		unnayaya	1		
2. Principal Place of Business 3. Mailing Address 5. Mailing Address 6. Mailing Address	7506 WILLO	W COURT	7506 WILLOW COUR	7506 WILLOW COURT			• • •			
Sulinc, Apt. 4, etc. Sulinc, Apt. 4, etc. Sulinc, Apt. 4, etc. City & State City & Sta	TAMPA, FL	33634	TAMPA, FL 33634				•			
Sulinc, Apt. 4, etc. Sulinc, Apt. 4, etc. Sulinc, Apt. 4, etc. City & State City & Sta						1 10 ETIEN 14		EN COM CICHENDO DICE		
Sulinc, Apt. 4, etc. Sulinc, Apt. 4, etc. Sulinc, Apt. 4, etc. City & State City & Sta	2. Principal P	Place of Business	3. Mailing Address	Mailing Address						
Cay & State	·	.,					BARA BI 384 BARA BA	ist mairt atast lanni dilai (bist da	(001 	
Country Coun	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (11/05)		
Country Coun	City & Stat	e	City & State	City & State			er	I Ar	onlied For	
SPECIEL's - UTRERA, P. A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL. 33145 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Spetials from the purpose of changing its registered agent and additions the statement for the purpose of changing its registered agent and additions of registered agent. SIGNATURE Spetials from the purpose of changing its registered agent and additions of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Spetials from the purpose of changing its registered Apert spristure bedred their renaturing	5.0, 2.5			ony a diate						
SPIEGEL'S- UTRERA; P.A. 1840 SW 22ND ST. 1840 SW 22ND SW	Zip	Country Zip Cou		Cour	ntry	5. Certificate	of Status Desired	\$8.75 Add	ditional	
SPIEGEL*& UTRERA*PA 1840 SW 22ND ST 4TH FLOOR MIAMI, FL 33145 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 Florada. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symbox Noed or press rame of registered agent and the list applicable. NOTE Registered Agent somative exceeds when invationing		6. Name and Address of Curre	nt Registered Agent		1	7. Name and	Address of New F	· · · · · · · · · · · · · · · · · · ·		
Street Addross (P.O. Box Number is Not Acceptable) Street Addross (P.O. Box Number is Not Acceptable) Street Addross (P.O. Box Number is Not Acceptable) City FL Zip Code	3				Name		and the state of t			
ATH FLOOR MIAMI, FL 33145 City FL Zip Code					Strong Address (P.O. Pay Number in Net Assessible)					
MIAMI, FL 33145 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 TILE NOW!!! FEE IS \$15.000 9. Election Campaign Financing Square registered agent and the state of Floridation of Police Square registered agent and the state of Floridation of Police Square registered agent, or both, in the State of Floridat. I am familiar with, and accept the trib obligations of registered agent. O'The State of Floridation of Registered agent. O'The State of Floridation of Registered agent, or both, in the State of Floridat. I am familiar with, and accept the registered agent, or both, in the State of Floridat. I am familiar with, and accept the registered agent, or both, in the State of Floridat. I am familiar with, and accept the registered agent, or both, in the State of Floridat. I am familiar with, and accept the registered agent. O'The State of Floridation of Registered agent. Interest Added to Floridation of Registered agent and Interest of Registered agent. Interest Added to Floridation of Registered agent					Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept he obligations of registered agent. SIGNATURE Signature Signature triped or procerume of registered agent and the 4 approach.							- 1			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sometime, hyped or primed name of registered agent and bits if approximate the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE					City			Zip Cod	le	
SIGNATURE Souther Speed or printed rame of registered agent apos the # apptrable. (NOTE: Registered Agent signature rea/red when remaining) DATE						re i				
Synature. hybrid or printed runer of registered lagent and blind in Lagent Canner. (NOTE: Registered Agent storption received when reinstaturing) SAS.00 May Be added to Fees SAS.00 May Be added to Fees Added to Fee	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.									
Synature. hyperd or printed raper to registered agent and the if applicable. (NOTE: Registered Agent signature resident) where reinstaturing) SAS.00 May Be added to Fees SAGON to corporation did not receive the prior notice.	SIGNATURE									
Trust Fund Contribution. Added to Fees Comporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PINTO, FERNANDO Delete ITILE NAME STREET ADDRESS CITY-ST-ZP ITILE NAME STREET ADDRESS CITY-ST-ZP	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
TITLE NAME PINTO, FERNANDO							In accordance to corporation did	with s. 607.193(2)(b), not receive the prior i	F.S., the notice.	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		1				ADDITIONS	CHANGES TO OFF			
STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·	☐ Defete		I .		•	☐ Change	Addition	
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	_	•			1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1				I					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITL	E			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME "			NAM	AE			_ ,	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				CITY	(+ST-ZIP		_			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ľ		☐ Delete		1			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITL	E			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHAnge CHAnge Addition NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CHAnge Addition NAME NAME STREET ADDRESS CITY-ST-ZIP	1				I					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1				1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP			□ Datata					C Change	C Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete					∟ change	☐ MODITION	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY	/-ST-ZIP	<u> </u>				
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITL	E			☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP	1									
		Lertify that the information supplied v	with this filing does not qualify			ained in Chanter 119	9. Florida Statutes I	further certify that the in	nformation	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-06

813-477-44 80 Daytime Prone #