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2006 FOR PROFIT CORPORATION ANNUAL REPORT

2006 AUG 11 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50024160



07242006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000098290			
1. Entity Name IAN (IMS), INC.			
Principal Place of Business 19898 LATONA PLACE BOCA RATON, FL 33434		Mailing Address 19898 LATONA PLACE BOCA RATON, FL 33434	
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 16-1679733		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHWARTZ, IAN 19898 LATONA PLACE BOCA RATON, FL 33434		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when remaining)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, IAN 19898 LATONA PLACE BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VP SCHWARTZ, FRAN 19898 LATONA PLACE BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Francis Schwartz</i>		7/31/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR		DATE	

7/31/06

ATTACHMENT

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~~50024160~~
~~#P03000098290~~
 Divisions of Corporations
 P.O. Box 6198
 Tallahassee, FL 32314-6198

Pursuant to my conversation with
 Feela on Friday July 27, 2006,
 please find attached 2006
 annual report Document # P03000098290

The postcard that was sent to the
 Division of Corporations in July was
 the first postcard we received &
 we immediately returned it,
 we have had problems with
 receipt of mail. There are 2
 houses with the same numerical
 addresses.

I am enclosing my check for
 \$150.00.00
 thank you

