

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03378 1. Entity Name INVESTORS WARRANTY OF AMERICA, INC.	
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Principal Place of Business 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS, IA 52499	Mailing Address 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS, IA 52499
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1154276	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE PALMA, PATRICK 4333 EDGEWOOD RD. NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANKENSHIP, DAVID L 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC DEWALD, MAUREEN 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEINERS, DIANE 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP VERMIE, CRAIG D. 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAPP, MICHAEL A 4333 EDGEWOOD RD. NE CEDAR RAPIDS, IA 52499

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04/18/05-80093-021 150.00

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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-14-2005 (319) 398-8511 Date Daytime Phone *
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