

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90308 038 ***150.00

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04102006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000112841 1. Entity Name INDUSTRIAL EQUIPMENT ASSEMBLERS, INC.					
Principal Place of Business 1575 AVIATION CENTER PKWY SUITE 413 DAYTONA BEACH, FL 32114			Mailing Address 1575 AVIATION CENTER PKWY SUITE 413 DAYTONA BEACH, FL 32114		
2. Principal Place of Business 4430 Eastport Pkwy Suite, Apt. #, etc. Port Orange City & State FL Zip 32127		3. Mailing Address 4430 Eastport Pkwy Suite, Apt. #, etc. Port Orange City & State FL Zip 32129		4. FEI Number 20-1472938	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AIA REGISTERED AGENT INC 92 SADBERRY RD. QUINCY, FL 32351				7. Name and Address of New Registered Agent Name William F. MAY Street Address (P.O. Box Number is Not Acceptable) 3779 Sweet Grove Ct City Port Orange FL 32129 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 <u><i>William F. May</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/10/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	PD <input type="checkbox"/> Delete MAY, WILLIAM F 3779 SWEET GROVE CT. DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pamela K. May 3779 Sweet Grove Ct. Port Orange, FL 32129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete MAY, WILLIAM F 3779 SWEET GROVE CT. DAYTONA BEACH, FL 32114		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	
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	
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: <u><i>William F. May</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4-10-06</u> Date		