

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159435

Entity Name: IMA EVALUATIONS, INC.

FILED  
Jul 24, 2006  
Secretary of State

## Current Principal Place of Business:

280 DOBBS FERRY ROAD  
SUITE # 304  
WHITE PLAINS, NY 10607 US

## New Principal Place of Business:

## Current Mailing Address:

280 DOBBS FERRY ROAD  
SUITE # 304  
WHITE PLAINS, NY 10607 US

## New Mailing Address:

FEI Number: 20-1919610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORM-A-CORP LLC  
100 VILLAGE SQUARE CROSSING  
SUITE 103  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

FORM-A-CORP INC  
100 VILLAGE SQUARE CROSSING  
SUITE 103  
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: BY: STEPHEN LEVY (PRES)

07/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete  
Name: PULVER, DAVID C M.D.  
Address: 280 DOBBS FERRY ROAD  
City-St-Zip: WHITE PLAINS, NY 10607 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. PULVER MD

DPTS

07/24/2006

Electronic Signature of Signing Officer or Director

Date