## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000091722

Entity Name: IMB, INC

FILED Feb 02, 2006 Secretary of State

			New Deinster   Dies	New Patrick of Place of Participan	
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
SUITE 105	UTIVE PARK	DRIVE JS			
WESTON, FL 33331 US  Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2853 FXFC	UTIVE PARK DRIVE				
SUITE 105 WESTON, I		US			
FEI Number: 2	20-3064606	FEI Number Applied For ( )	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
MYOS FINANCIAL GROUP, INC 2853 EXECUTIVE PARK DRIVE SUITE 105 WESTON, FL 33331 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PROANO, JUAN	HAVENUE, APT 1303	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () SILVA, ORLAND 577 SPINNAKE WESTON, FL 3	R	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TR () GALLO, RAUL F 16091 BLATT B WESTON, FL 3	LVD, APT 110	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () MARTINEZ, ABS 7435 SW 108TH MIAMI, FL 3318	H AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SILVA, MARIA 577 SPINNAKE WESTON, FL 3		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: JUAN C PROANO P 02/02/2006