2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13079

Address:

City-St-Zip:

TOM CODY OFNITEDO (LICA) CODDODATION

FILED Apr 18, 2007 Secretary of State

Entity Nar	ne: IRMICOP	Y CENTERS (USA) CORPOR	ATION				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	22ND STREET D, OR 97230	US		22ND AVENUE D, OR 97230	: US		
Current Mailing Address:			New Maili	New Mailing Address:			
	22ND STREET D, OR 97230	US		22ND AVENUE D, OR 97230	US		
FEI Number:	93-0815647	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 S. PII	ORATION SYST NE ISLAND RO ON, FL 33324						
	named entity su e of Florida.	ubmits this statement for the po	urpose of changing i	ts registered of	fice or registered agent, or both	ı	
SIGNATUR	RE:						
	Electronic	Signature of Registered Age	nt		Date		
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () [BROTMAN, JEFF 5208 NE 122ND PORTLAND, OR	AVENUE	Title: Name: Address: City-St-Zip:	PD (X) BROTMAN, JEFI 5208 NE 122ND PORTLAND, OR	AVENUE		
Title: Name: Address: City-St-Zip:	AS ()[PIGGOTT, JACQ 5208 NE 122ND PORTLAND, OR	AVE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	V () I TIERNEY, DANIA 5208 NE 122ND PORTLAND, OR	AVE	Title: Name: Address: City-St-Zip:	SCOO (X) STERN, RICHAR 5208 NE 122ND PORTLAND, OR	AVE		
Title: Name:	1()	Delete	Title: Name:	DCFO () O'BRIEN, DANIE	Change (X) Addition :L E		

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.

Address:

5208 NE 122ND AVE

City-St-Zip: PORTLAND, OR 97230

SIGNATURE: DANIEL E. O'BRIEN **DCFO** 04/18/2007