


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P37704 1. Entity Name I.A. NAMAN + ASSOCIATES, INC.	
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Principal Place of Business TWO GREENWAY PLAZA, 7TH FLOOR HOUSTON, TX 77046-0296	Mailing Address TWO GREENWAY PLAZA, 7TH FLOOR HOUSTON, TX 77046-0296
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-1690593	Applied For Not Applicable
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6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above name of 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO/P
NAME	BRA SUELL, WALLACE
STREET ADDRESS	5 HILSHIRE OAKS CT
CITY-STATE-ZIP	HOLSTON, TX 77055
TITLE	VP
NAME	BARROW, THOMAS
STREET ADDRESS	6701 CYPRESS VILLAGE DR.
CITY-STATE-ZIP	SUGAR LAND, TX 77479
TITLE	VP
NAME	MARSHALL, WILLIAM H.
STREET ADDRESS	3303 NORTH PARK
CITY-STATE-ZIP	MISSOURI CITY, TX 77469
TITLE	VP
NAME	JESSE, DOUG W
STREET ADDRESS	16803 CT. RD 931
CITY-STATE-ZIP	PEARLAND, TX 77584
TITLE	VST
NAME	WILLIAMS, JOHN
STREET ADDRESS	1661 BLACKHAWK
CITY-STATE-ZIP	FRIEDSWOOD, TX 77546
TITLE	VP
NAME	MADIGET, JAMES E.
STREET ADDRESS	5612 TERWILLINGER WAY
CITY-STATE-ZIP	HOUSTON, TX 77056

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04/11/06-80068-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06

713-860-3600