

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90007 008 ***150.00

DOCUMENT # P95000016108

1. Entity Name

INTERNET ASSOCIATION GROUP, INC.



Principal Place of Business

4500 SALISBURY ROAD SUITE 350
JACKSONVILLE FL 32216
US

Mailing Address

4500 SALISBURY ROAD SUITE 350
JACKSONVILLE FL 32216
US



2. Principal Place of Business

PO Box 551538

Suite, Apt. #, etc.

3. Mailing Address

PO Box 551538

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3163342

Applied For

Not Applicable

Zip

32255

Country

USA

Zip

32255 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INGHAM, LINDA C
4500 SALISBURY ROAD SUITE 350
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Linda C Ingham

Street Address (P.O. Box Number is Not Acceptable)

4165 ROMA Blvd

City

Jacksonville

FL

Zip Code

32210

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME INGHAM, JAMES H
STREET ADDRESS 4500 SALISBURY ROAD SUITE 350
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ Delete
NAME INGHAM, LINDA C
STREET ADDRESS 4500 SALISBURY ROAD SUITE 350
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JAMES H INGHAM 2-23-06 8006918413