2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000031909

Title:

Name:

Address:

City-St-Zip:

Entity Name: INTED ACTIVE MEDIA OF AMEDI

FILED Jan 11, 2006 Secretary of State

Entity Name: INTER ACTIVE MEDIA OF AMERICA, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6735 SUNS SUITE 6739 FT. LAUD,	5	US	6790 N. W. SINRISE, F		US	
Current Mailing Address:			New Mailir	New Mailing Address:		
6735 SUNS SUITE 6739 FT. LAUD,	5	US	6790 N. W. SUNRISE,		US	
FEI Number:	65-0583142	FEI Number Applied For()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
PATT, BRY 6790 N.W. SUNRISE,	29TH CT.	US				
The above in the State		y submits this statement for the pur	pose of changing it	s registered	d office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Carr	npaign Financ	ing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	FERRARO, F 926 S.W. 21		Title: Name: Address: City-St-Zip:	VP PATT, BRYC 6790 N. W. : SUNRISE, F	29TH CT	
Title: Name: Address: City-St-Zip:	T PATT, BRYO 6790 N.W.29 SUNRISE, FL	ТН СТ.	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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRYON PATT T 01/11/2006

() Delete

HANSEN, JEÀN F

7495 N.W.33RD STREET

LAUDERHILL, FL 33319

(X) Change () Addition

PERTESIS, CHRISTOPHER F

6790 N. W. 29TH CT

SUNRISE, FL 33313