

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000031909

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: INTER ACTIVE MEDIA OF AMERICA, INC.

## Current Principal Place of Business:

6790 N. W. 29TH CT  
SUNRISE, FL 33313 US

## New Principal Place of Business:

6790 N. W. 29TH CT  
SUNRISE, FL 33313 US

## Current Mailing Address:

6790 N. W. 29TH CT  
SUNRISE, FL 33313 US

## New Mailing Address:

FEI Number: 65-0583142      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATT, BRYON  
6790 N.W. 29TH CT.  
SUNRISE, FL 33313 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: PERTESIS, CHRISTOPHER  
Address: 6790 N.W. 29TH CT.  
City-St-Zip: SUNRISE, FL 33313

Title: VP ( ) Delete  
Name: PATT, BRYON  
Address: 6790 N. W. 29TH CT  
City-St-Zip: SUNRISE, FL 33313

Title: T ( ) Delete  
Name: PATT, BRYON  
Address: 6790 N.W. 29TH CT.  
City-St-Zip: SUNRISE, FL 33313

Title: S ( ) Delete  
Name: PERTESIS, CHRISTOPHER F  
Address: 6790 N. W. 29TH CT  
City-St-Zip: SUNRISE, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRYON PATT

VP

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date