


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000058848	
1. Entity Name UNDER IAM, INC.	

Principal Place of Business 1858 NW 22 COURT POMPANO BEACH, FL 33069	Mailing Address 1858 NW 22 COURT POMPANO BEACH, FL 33069 US
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DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0713238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STILES, RICHARD E
1888 NW 22ND COUR
POMPANO BEACH, FL 33069**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME STILES, DAVID K
STREET ADDRESS 11230 NW 2 MANOR	CITY-ST-ZIP CORAL SPRINGS, FL 33071
TITLE VD	NAME STILES, RICHARD E
STREET ADDRESS 1379 NW 100 AVE	CITY-ST-ZIP CORALSPRINGS, FL 33071
TITLE TD	NAME STILES, PHYLLIS M
STREET ADDRESS 430 NW 112TH AVE	CITY-ST-ZIP CORALSPRINGS, FL 33071
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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04/25/05-80118-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Phyllis M. Stiles* **PHYLLIS M. STILES** *4/24/05* **954-973 8488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #