

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90211 037 \*\*\*150.00

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| <b>DOCUMENT # P96000077624</b>  |  |   |   |  |  |
| <b>1. Entity Name</b><br>INTEGRATED MANAGEMENT RESOURCES, INC.  |  |   |   |  |  |
| <b>Principal Place of Business</b><br>2875 S. OCEAN BLVD.<br>SUITE 200<br>PALM BEACH, FL 33480  |  |   | <b>Mailing Address</b><br>299 MERRILLS CHASE RD.<br>ASHEVILLE, NC 28803 95  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>1601 BELVEDERE RD.   |  | <b>3. Mailing Address</b>   |   |  |  |
| Suite, Apt. #, etc.<br>ST. 106 E  |  | Suite, Apt. #, etc.   |   |  |  |
| <b>City &amp; State</b><br>WEST PALM BEACH  |  | <b>City &amp; State</b>   |   | <b>4. FEI Number</b><br>65-0703994   |  |
| <b>Zip</b><br>33406   |  | <b>Country</b><br>US  |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BOSWELL, DON R<br>2875 S. OCEAN BLVD.<br>SUITE 200<br>PALM BEACH, FL 33480  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: SAME<br>Street Address (P.O. Box Number is Not Acceptable): 1601 BELVEDERE RD.<br>ST. 106 E<br>City: WEST PALM BEACH FL Zip Code: 33406 |  |  |
| <b>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.</b><br>SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | CEO<br>BERGER, BRUCE D<br>2875 S. OCEAN BLVD., SUITE 200<br>PALM BEACH, FL 33480 |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | SAME<br>SAME<br>1601 BELVEDERE RD. ST. 106 E<br>WEST PALM BEACH, FL 33406                              |  |
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| <b>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.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b> <i>Bruce D. Berger</i> <b>BRUCE D. BERGER</b> <b>4/23/07 828 7799362</b>  |  |   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |  |   |   |  |  |