

# **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000045699

**FILED**  
**May 12, 2006**  
**Secretary of State**

**Entity Name:** INFORMATION ARCHITECHS & CONSULTING, INC.

**Current Principal Place of Business:**

21250 WOLF BRANCH RD  
MT. DORA, FL 32757

**New Principal Place of Business:**

455 CORNICHE WAY  
UNIT 100  
LAKE MARY, FL 32746

**Current Mailing Address:**

21250 WOLF BRANCH RD  
MT. DORA, FL 32757

**New Mailing Address:**

455 CORNICHE WAY  
UNIT 100  
LAKE MARY, FL 32746

**FEI Number:** 59-3511845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POLK, THOMAS  
21250 WOLF BRANCH RD.  
MT. DORA, FL 32757 US

**Name and Address of New Registered Agent:**

POLK, THOMAS  
455 CORNICHE WAY  
UNIT 100  
LAKE MARY, FL 32746 US

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: \_\_\_\_\_

05/12/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: POLK, THOMAS  
Address: 21250 WOLF BRANCH ROAD  
City-St-Zip: MT. DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTS (X) Change ( ) Addition  
Name: POLK, THOMAS  
Address: 455 CORNICHE WAY, SUITE 100  
City-St-Zip: LAKE MARY, FL 32746

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.

SIGNATURE: THOMAS POLK

PTS

05/12/2006

Electronic Signature of Signing Officer or Director

Date