

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90382 010 \*\*\*150.00

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04122006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P98000093977</b> 1. Entity Name <b>IRON ASSET FINANCIAL, INC.</b>					
Principal Place of Business <b>10525 VILLANOVA ROAD JACKSONVILLE, FL 32218</b>			Mailing Address <b>10525 VILLANOVA ROAD JACKSONVILLE, FL 32218</b>		
2. Principal Place of Business <b>3948 3rd Street South #386</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>Same</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Jacksonville Beach, FL</b> <small>Zip</small> <b>32250</b> <small>Country</small>		City & State <small>Zip</small> <small>Country</small>		4. FEI Number <b>59-3540636</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SAFER, ELIOT J 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257</b>			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> <b>FL</b> <small>Zip Code</small>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>P</b> <b>DORMANN, CHRISTOPH</b> <input type="checkbox"/> Delete <b>10525 VILLANOVA ROAD</b> <b>JACKSONVILLE, FL 32218</b>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3948 3rd Street South #386</b> <b>Jacksonville Beach, FL 32250</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/13/06</b> <small>Date</small> <small>Daytime Phone #</small>		