## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 08, 2006 08:00 AM Secretary of State DOCUMENT # P99000030538 1. Entity Name IAN, INC. Principal Place of Business Mailing Address 4320 WOODLAND PARK DRIVE, WEST 4320 WOODLAND PARK DRIVE, WEST MELBOURNE, FL 32904 MELBOURNE, FL 32904 CR2E034 (11/05) 01032006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3570277 Not Applicable \$8.75 Additional 5. Centificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HEALY, PATRICK F ESQ. 700 S. BABCOCK STREET SUITE 400 IN THIS SPACE MALBOURNE, FL 32901 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be Election Campaign Financing FILE NOWR! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PTD ANDERSON, W. ROBERT JR. NAME 4320 WOODLAND PARK DRIVE, WEST STREET ADDRESS UDUUDAABUST CITY-SY-ZIP MELBOURNE, FL 32904 63720706-80615-008 150.00 MAE INGRAM, BRUCE D 4320 WOODLAND PARK DRIVE, WEST STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32904 7171.E NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITE F STREET AGGRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling 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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trusted changed, or on an attachment with anyado W. Rosert ANDERSON VA.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

*321-723-340*0

Daytime Phone #

**FILED**