2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 03, 2005 08:00 AM Secretary of State DOCUMENT # S34824 1. Entity Name I A M INVESTMENT COMPANY Principal Place of Business Mailing Address 7303 N. NEBRASKA AVE 7303 N. NEBRASKA AVE TAMPA, FL 33604 US TAMPA, FL 33604 US 05022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3058844 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHRENK, MICHAEL D. DO NOT WRITE 7303 N. NEBRASKA AVE. **TAMPA, FL 33604** 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 10, OFFICERS AND DIRECTORS TITLE NAME BENNATI, VICKY STREET ADDRESS 7303 N. NEBRASKA AVE CITY-ST-ZIP TAMPA, FL 33604 000000358330 05/04/05-80111-003 158,75 DPS TITLE SHRENK, MICHAEL D NAME 7303 N. NEBRASKA AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-719 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 acquired 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 emproyered of 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 will an address, with all properties required by Chapter 607.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED