2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66303

Address: City-St-Zip: FILED Apr 26, 2008 Secretary of State

Entity Nan	ne: IAC FINAN	ICIAL SERVICES, INC.	
Current Principal Place of Business:			New Principal Place of Business:
6121 BALB #104	SOA CIR FON, FL 33433	US	
Current Ma	ailing Address	5 :	New Mailing Address:
	SOA CIRCLE, #1 FON, FL 33433		6121 BALBOA CIR #104 BOCA RATON, FL 33433 US
FEI Number:	65-0277867	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Cu	urrent Registered Agent:	Name and Address of New Registered Agent:
WAMBACH, WINIFRED 6654 VILLA SONRISA DR #414 BOCA RATON, FL 33433 US			WAMBACH, WINIFRED 6654 VILLA SONRISA DR. #414 BOCA RATON, FL 33433 US
The above in the State		ubmits this statement for the	purpose of changing its registered office or registered agent, or both,
SIGNATURE:			04/26/2008
	Electronic	c Signature of Registered Ag	gent Date
Election Can	npaign Financing	Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD () [MARCUS, BETSY 6121 BALBOA CI BOCA RATON, F	IRCLE	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () CRUISE, PAMEL 122 MAGDELEN ENGLEWOOD, C	A DRIVE	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name:	()	Delete	Title: VP () Change (X) Addition Name: JACKVONY, FRANK

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

131 WINSOR AVE.

JOHNSTON, RI 02919

SIGNATURE: BETSY MARCUS PD 04/26/2008