

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # F01000005652
1. Entity Name
INVESTMENT MANAGEMENT ADVISORY GROUP, INC.



Principal Place of Business
886 VAUGHN ROAD
POTTSTOWN, PA 19465

Mailing Address
886 VAUGHN ROAD
POTTSTOWN, PA 19465



01032007 No Chg-P CR2E034 (11/05)

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4. FEI Number
23-2705088

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECKHART, DAVID J 886 VAUGHN ROAD POTTSTOWN, PA 19465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STALLONE, MARTIN J 886 VAUGHN ROAD POTTSTOWN, PA 19465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ROBERT 886 VAUGHN ROAD POTTSTOWN, PA 19465
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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.

SIGNATURE: David J. Eckhart 2-7-07 326-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #