
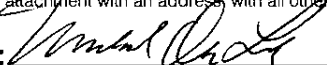


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90465 027 ***150.00

DOCUMENT # F05000007073					
1. Entity Name IMA OF TEXAS, INC.					
Principal Place of Business 8401 N. CENTRAL EXPRESSWAY, SUITE 225 DALLAS, TX 75225		Mailing Address 8401 N. CENTRAL EXPRESSWAY, SUITE 225 DALLAS, TX 75225			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2045376	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, W.C. JR		NAME		
STREET ADDRESS	250 N. WATER, SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	WICHITA, KS 67202		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, KURT D		NAME	Watson, Kurt D.	
STREET ADDRESS	250 N. WATER, SUITE 600		STREET ADDRESS	8200 E. 32nd Street	
CITY-ST-ZIP	WICHITA, KS 67202		CITY-ST-ZIP	Wichita, KS 67226	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, MICHAEL D		NAME	Lynch, Michael D.	
STREET ADDRESS	250 N. WATER, SUITE 600		STREET ADDRESS	8200 E. 32nd Street North	
CITY-ST-ZIP	WICHITA,		CITY-ST-ZIP	Wichita, KS 67226	
TITLE	P	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, DARRIN		NAME	Weber, Darrin J.	
STREET ADDRESS	8401 N. CENTRAL EXPRESSWAY, SUITE 225		STREET ADDRESS	8401 N. Central Expressway, Suite 225	
CITY-ST-ZIP	DALLAS, TX 75225		CITY-ST-ZIP	Dallas, TX 75225	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, SUEANN		NAME		
STREET ADDRESS	1631 S. TOPEKA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TOPEKA, KS 66612		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Michael D. Lynch		4/27/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				316-266-6296	