


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90406 045 \*\*\*150.00

**DOCUMENT # F05000007073**


1. Entity Name  
**IMA OF TEXAS, INC.**



Principal Place of Business      Mailing Address  
**8401 N. CENTRAL EXPRESSWAY, SUITE 225**      **8401 N. CENTRAL EXPRESSWAY, SUITE 225**  
**DALLAS, TX 75225**      **DALLAS, TX 75225**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



04252007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-2045376**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE, SUITE 4**  
**WESTON, FL 33331**

**7. Name and Address of New Registered Agent**

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

**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	D	<input type="checkbox"/> Delete
NAME	WATSON, KURT D	
STREET ADDRESS	8200 EAST 32ND ST	
CITY-ST-ZIP	WICHITA, KS 67226	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LYNCH, MICHAEL D	
STREET ADDRESS	8200 EAST 32ND ST NORTH	
CITY-ST-ZIP	WICHITA, KS 67226	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WEBER, DARRIN J	
STREET ADDRESS	8401 NORTH CENTRAL EXPRESSWAY SUITE 225	
CITY-ST-ZIP	DALLAS, TX 75225	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHULTZ, SUEANN	
STREET ADDRESS	1631 S. TOPEKA BLVD.	
CITY-ST-ZIP	TOPEKA, KS 66612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schultz, SueAnn	
STREET ADDRESS	1251 SW Arrowhead Road, Suite C	
CITY-ST-ZIP	Topeka, KS 66604-4026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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**      **4/25/2007**      **316-266-6296**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #