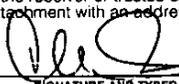


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90063 040 ***150.00

DOCUMENT # F06000005949			
1. Entity Name IEP,LTD. INC.			
Principal Place of Business 7701 E. GRAY ROAD, STE.2 SCOTTSDALE, AZ 85260		Mailing Address 7701 E. GRAY ROAD, STE.2 SCOTTSDALE, AZ 85260	
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
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCHR READER, JUNE A <input type="checkbox"/> Delete 7701 E. GRAY ROAD, STE.2 SCOTTSDALE, AZ 85260	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCHRCEO READER, JUNE A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7701 E GRAY ROAD, STE. 2 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO READER, CHARLES T III <input type="checkbox"/> Delete 7701 E. GRAY ROAD, STE.2 SCOTTSDALE, AZ 85260	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P READER, CHARLES T III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7701 E. GRAY ROAD, STE. 2 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D READER, CHARLES T JR <input type="checkbox"/> Delete 8031 E. GRAY ROAD SCOTTSDALE, AZ 85260	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD SUTKOWSKI, MARYANNE M <input type="checkbox"/> Delete 7701 E. GRAY ROAD, STE.2 SCOTTSDALE, AZ 85260	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCOO READER, MICHAEL SHAWN <input type="checkbox"/> Delete 7701 E. GRAY ROAD, STE.2 SCOTTSDALE, AZ 85260	TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO READER, MICHAEL SHAWN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7701 E. GRAY ROAD, STE. 2 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Charles T. Reader, III President		[480] 951-3267	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40121001



07022007 Chg-P CR2E034 (12/06)

4. FEI Number **86-0583176** Applied For Not Applicable

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