
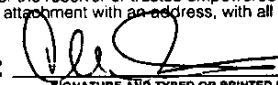


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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		4. FEI Number 86-0583176	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (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 7701 E. GRAY ROAD, STE. 2 SCOTTSDALE, AZ 85260	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO READER, CHARLES T III 7701 E. GRAY ROAD, STE. 2 SCOTTSDALE, AZ 85260	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D READER, CHARLES T JR 8031 E. GRAY ROAD SCOTTSDALE, AZ 85260	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD SUTKOWSKI, MARYANNE M 7701 E. GRAY ROAD, STE. 2 SCOTTSDALE, AZ 85260	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCOO READER, MICHAEL SHAWN 7701 E. GRAY ROAD, STE. 2 SCOTTSDALE, AZ 85260	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCHRCEO READER, JUNE A 7701 E GRAY ROAD, STE. 2 SCOTTSDALE, AZ 85260	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P READER, CHARLES T III 7701 E. GRAY ROAD, STE. 2 SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO READER, MICHAEL SHAWN 7701 E. GRAY ROAD, STE. 2 SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO READER, MICHAEL SHAWN 7701 E. GRAY ROAD, STE. 2 SCOTTSDALE, AZ 85260	<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>	