


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000102509

1. Entity Name
I & F CORPORATION, GUAM



Principal Place of Business 115 EAST TROPICANA LAS VEGAS, NV 89109	Mailing Address 115 EAST TROPICANA LAS VEGAS, NV 89109
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0079469	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

LIBOW, ALLEN H
3351 NW BOCA RATON BLVD
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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 _____
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, 2006 Fee will be \$550.00

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

100000381753
01/11/06-80039-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IZUMI, SUKEAKI 115 EAST TROPICANA LAS VEGAS, NV 89109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS IZUMI, TOYO 115 EAST TROPICANA LAS VEGAS, NV 89109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, ALAN D 115 E TROPICANA AVE LAS VEGAS, NV 89109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ALAN D. BROWN 1/5/06 (702) 597-6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #