

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90044 035 \*\*\*158.75

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01102006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000021904					
1. Entity Name IAM FINANCING, INC.					
Principal Place of Business 2775 E OAKLAND PK BLVD STE 10 FT. LAUDERDALE, FL 33306		Mailing Address 2775 E. OAKLAND PK. BLVD STE 10 FT. LAUDERDALE, FL 33306			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. # etc.		Suite, Apt. # etc.			
City & State		City & State		4. FEI Number 65-0733888	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAAZ, HANS G 2775 E OAKLAND PK BLVD STE 10 FT. LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Numbers 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 _____					
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	P	<input type="checkbox"/> Delete	TITLE	P, I	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAAZ, HANS G		NAME	SAME	
STREET ADDRESS	2775 E OAKLAND PK BLVD STE 10		STREET ADDRESS	SAME	
CITY, ST, ZIP	FT LAUDERDALE, FL 33306		CITY, ST, ZIP	SAME	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKETT, HELENE		NAME		
STREET ADDRESS	2775 E. OAKLAND PK BLVD., STE. 10		STREET ADDRESS		
CITY, ST, ZIP	FORT LAUDERDALE, FL 33306		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		
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		
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: <i>Helene Crockett</i>			HELENE CROCKETT, SECRET 1/17/06 954-306-1500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		