


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G48618**  
 1. Entity Name  
**INTERNATIONAL GEM MERCHANTS, INC.**



Principal Place of Business      Mailing Address  
 4385 SHAWNEE ST                      4385 SHAWNEE ST  
 JACKSONVILLE, FL 32210          JACKSONVILLE, FL 32210

**DO NOT WRITE IN THIS SPACE**



01092006    No Chg-P    CR2E034 (11/05)

4. FEI Number                      Applied For  
**59-2578040**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ROTHSTEIN, SIMON D ESQ  
 STE 104 4417 BEACH BOULEVARD  
 JACKSONVILLE, FL 32207

**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 \_\_\_\_\_ 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**      9. Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contribution.            **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROOKS, DANA LOUISE 4385 CHASNEE ST JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COMER, DANIELLE EDITH 4385 SHAWNEE ST JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

1100000385001  
 01/17/06-80036-023 150.00

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: *DANA LOUISE BROOKS*      10 JAN 06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #