2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P02000044969

Entity Name: INNOVATIVE MANUFACTURING & DISTRIBUTION SERVICES, INC.

Current Principal Place of Business:

2200 N.W. 32 STREET
SUITE 700
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2200 N.W. 32 STREET
SUITE 700
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 01-0674164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAHN, JEFFREY B ESQ.
3300 UNIVERSITY DRIVE
SUITE 711
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

KAHN, JEFFREY B ESQ.
11555 HERON BAY BLVD.
SUITE 102
CORAL SPRINGS, FL 33076 US

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.

SIGNATURE: _____ 03/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDCT ( ) Delete
Name: HAINES, WILLIAM
Address: 2200 NW 32ND ST., STE 700
City-St-Zip: POMPANO BEACH, FL 33069

Title: PDS ( ) Delete
Name: DYKES, BARBARA J
Address: 2200 NW 32ND ST., STE 700
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PDS (X) Change ( ) Addition
Name: HAINES, BARBARA J
Address: 2200 NW 32ND ST., STE 700
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. HAINES PDS 03/23/2009
Electronic Signature of Signing Officer or Director — Date