2005 FOR PROFIT CORPORATION

Apr 21, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-21-2005 90235 023 ***150.00 **DOCUMENT # P03000105905**. INTERNATIONAL DIRECT MARKETING GROUP, INC. Principal Place of Business Mailing Address 2880 MARINA CIRCLE 2880 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 02142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1605207 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent KEVIN, BRANDES DO NOT WRITE 2880 MARINA CIRCLE LIGHTHOUSE POINTE, FL 33064 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 ATURE TIME the obligations of registered agent... AND THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY PARTY. SIGNATURE I Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 1 10. : , ----OFFICERS AND DIRECTORS TITLE BRANDES, KEVIN 2880 MARINA CIRCLE STREET ADDRESS CITY-ST-7IP LIGHTHOUSE POINT, FL 33064 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIRE . IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). 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 em 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 attectment, with an address, with all other like empowered.

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SIGNATURE:

CITY-ST-ZIP

TITLE"

NAME STREET ADDRESS

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