

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105905

1. Entity Name

INTERNATIONAL DIRECT MARKETING GROUP, INC.



FILED Mar 19, 2007 08:00 A Secretary of State

Daytime Phone #

Principal Place of Business

Mailing Address

2880 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064 2880 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064



DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1605207 Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEVIN, BRANDES 2880 MARINA CIRCLE LIGHTHOUSE POINTE, FL 33064

SIGNATURE:

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) DATE					
					U000000704E0
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000670459 03/27/07-80114-009 150.00
10. OFFICERS AND DIRECTORS					
TITLE	P .				i
NAME	BRANDES, KEVIN				
STREET ADDRESS	2880 MARINA CIRCLE				
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064				
TITLE					
NAME					
STREET ADDRESS					j
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS				DO	NOT WRITE
CITY-ST-ZIP					
TITLE				IN '	THIS SPACE
NAME ATREET ADDRESS				*	
STREET ADDRESS CITY-ST-ZIP					
TITLE					
STREET ADDRESS					
CITY-ST-ZIP					
					
TITLE NAME					
STREET ADDRESS					
CITY, ST. 7ID					

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.

ND-FYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR