

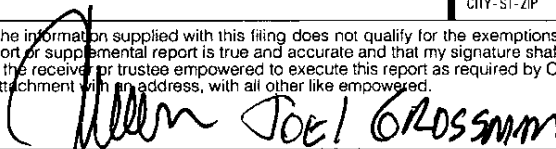


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90022 049 \*\*\*150.00

<b>DOCUMENT # 581807</b> 1. Entity Name INTERNATIONAL MARKETING CONCEPTS, INC.																													
Principal Place of Business 7951 SW 6 STREET #216 PLANTATION, FL 33324 US			Mailing Address 7951 SW 6 STREET #216 PLANTATION, FL 33324 US																										
2. Principal Place of Business - No P.O. Box # 2400 East Commercial Blvd. Suite, Apt. #, etc. Suite 412 City & State Fort Lauderdale FL Zip 33308 Country		3. Mailing Address 2400 East Commercial Blvd. Suite, Apt. #, etc. Suite 412 City & State Fort Lauderdale FL Zip 33308 Country		40023226 																									
02192007 Chg-P CR2E034 (12/06)				4. FEI Number 59-1856311 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GROSSMAN, JOEL 7951 SW 6 STREET STE 216 PLANTATION, FL 33324																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2400 East Commercial Blvd. Suite 412 City Fort Lauderdale FL Zip Code 33308				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GROSSMAN, JOEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7951 SW 6 STREET # 216</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PLANTATION, FL 33324</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	GROSSMAN, JOEL		STREET ADDRESS	7951 SW 6 STREET # 216		CITY - ST - ZIP	PLANTATION, FL 33324		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2400 EAST COMMERCIAL BLVD., SUITE 412</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Fort Lauderdale, FL 33308</td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	2400 EAST COMMERCIAL BLVD., SUITE 412	CITY - ST - ZIP	Fort Lauderdale, FL 33308				
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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: 				2-20-07 954716 9595																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>																									