

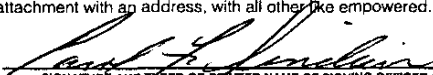


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| DOCUMENT # F00000004085 1. Entity Name INTERNATIONAL MARKETING SERVICES LTD, CO. | | | |  | | FILED 05 JUL 20 12:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA  | |
| Principal Place of Business 8520 MAY STREET TAMPA, FL 33614 | | | | Mailing Address 8520 MAY STREET TAMPA, FL 33614 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 91-2054764 | | | | 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 SINCLAIR, CAROL 8520 MAY STREET TAMPA, FL 33614 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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> | | | | | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE DPST <input type="checkbox"/> Delete NAME SINCLAIR, CAROL STREET ADDRESS 8520 MAY STREET CITY-ST-ZIP TAMPA, FL 33614 | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200058045032 07/29/05--01047--022 **61.25 | | | |
| TITLE DVP <input type="checkbox"/> Delete NAME FOX, DAWN STREET ADDRESS 8520 MAY STREET CITY-ST-ZIP TAMPA, FL 33614 | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Nina Alvarez Strul STREET ADDRESS 8520 May Street CITY-ST-ZIP Tampa, FL 33614 | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  7/11/05 813-931-9089 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | |