
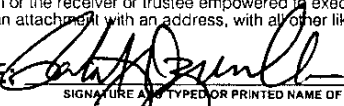


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90099 001 ***450.00

DOCUMENT # F01000003440 1. Entity Name INTERNATIONAL MANAGEMENT GROUP (IMG), INC.					
Principal Place of Business IMG CENTER 1360 EAST 9TH STREET, SUITE 100 CLEVELAND, OH 44114			Mailing Address IMG CENTER 1360 EAST 9TH STREET, SUITE 100 CLEVELAND, OH 44114		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-1008380	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	P PYNE, GEORGE <input type="checkbox"/> Delete IMG CENTRAL, 1360 E 9TH ST., STE. 100 CLEVELAND, OH 441141782		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RALEIGH, JOHN <input type="checkbox"/> Delete IMG CENTRAL, 1360 E 9TH ST., STE. 100 CLEVELAND, OH 441141782		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBEL, LEONARD <input checked="" type="checkbox"/> Delete IMG CENTER 1360 E. 9TH ST, SUITE 100 CLEVELAND, OH 441141782		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REVERSE LISA NADLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 450 PARK AVENUE New York, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP DZURILLA, ROBERT J <input type="checkbox"/> Delete IMG CENTRAL, 1360 E 9TH ST., STE. 100 CLEVELAND, OH 441141782		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 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 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 			SRVP TAX 4/29/08 216-522-1200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		