2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

	ANNUAL	KEPUKI'		1-P2	20,2000 00.001
DOCUMENT # F01000006586					ecretary of State
I. Entity Name IDEAL BRANDS MANAGEMENT INC.					
Principal Plac	e of Business	Mailing Address	201		
1201 US HIGHWAY ONE, SUITE 350A 1201 US HIGHWAY ONE, SUITI NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 334		350A 08	ī.		
	O NOT WRITE	IN THIS SPA	CE	04252005 No Chg	-P CR2E034 (10/03)
	هيد د د د د د د د د د د د د د د د د د د د	on the second of		31-1811341	Not Applicable
				5. Certificate of Status De	sired
Name and Address of Current Registered Agent				The same of the sa	**************************************
KRINER, DEBORAH L 1201 US HIGHWAY ONE, SUITE 350A				DO NOT	WRITE
NORTH PALM BEACH, FL 33408			THE RESERVE OF THE PERSON OF T	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					
				.00 May Be ed to Fees	
10.	OFFICERS AND D	RECTORS			
TITLE NAME	PTD RUTLEDGE, JAMES A	-		: Ui	0000333220 705-80066-022 150.U0
STREET ADDRESS CITY-ST-ZIP	100 SOUTH THIRD STREET COLUMBUS, OH 43215			04,/28,	/ 05 -80066-022 150.u0
TITLE	S			200 - 100 -	
NAME STREET ADDRESS	BONNETTE, SCOTT SEC 3240 FLIGHTLINE DR SUITE 1				
CITY-ST-ZIP	LAKELAND, FL 33811			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP			1	DO NOT	WRITE
TITLE	: I		IN THIS SPACE		
NAME STREET ADDRESS					- The second second
CITY-ST-ZIP	<u> </u>				
NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE			- maintage	<u> </u>	

12. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR CRINTED NAME OF SIGNING OFFICER OR DIRECTOR BY: James A. Rutledge, President

4-27-05

(614) 227-2300