

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Mar 31, 2006
Secretary of State**

DOCUMENT# L04000001581

Entity Name: INTERNET MARKETING & CONSULTING SOLUTIONS, LLC

Current Principal Place of Business:

8405 N. HIMES AVE., STE. 219
TAMPA, FL 33614

New Principal Place of Business:

8405 N. HIMES AVE., STE. 203
SUITE 203
TAMPA, FL 33614

Current Mailing Address:

8405 N. HIMES AVE., STE. 219
TAMPA, FL 33614

New Mailing Address:

8405 N. HIMES AVE., STE. 203
SUITE 203
TAMPA, FL 33614

FEI Number: 20-0456288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKEKE, IKE C
8405 N. HIMES AVE., STE. 219
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

KATHY, COLE C
8405 N. HIMES AVE., STE. 203
SUITE 203
TAMPA, FL 33614 US

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.

SIGNATURE: KC 03/31/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OKEKE, IKE C
Address: 8405 N. HIMES AVE., STE. 219
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RUTY, LABO
Address: 8405 N. HIMES AV #203
City-St-Zip: TAMPA, FL 33617

Title: MGRM (X) Delete
Name: ANADIUME, VICTOR
Address: 8405 N. HIMES AVENUE
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RL MGR 03/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date