
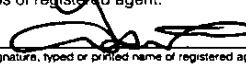



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90033 050 ****50.00

DOCUMENT # L06000026497 1. Entity Name INTERNET MARKETING SERVICES, LLC					
Principal Place of Business 6901 PROFESSIONAL PARKWAY E. SUITE 100 SARASOTA, FL 34240			Mailing Address 6901 PROFESSIONAL PARKWAY E. SUITE 100 SARASOTA, FL 34240		
2. Principal Place of Business - No P.O. Box # 3940 Red Rock Way		3. Mailing Address P.O. Box 19109			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 20-4475648	
Zip 34231		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 34276		Country USA		01292007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SMITH, BARRY D 2477 STICKNEY POINT ROAD SUITE 311-B SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name TODD Smith Street Address (P.O. Box Number is Not Acceptable) 3940 Red Rock Way City SARASOTA FL Zip Code 34231	
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  Todd Smith, Operating mgr 1-31-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TODD SMITH LIVING TRUST 3940 RED ROCK WAY SARASOTA, FL 34231 <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	MGRM SMITH, BARRY D 8451 SAILING LOOP BRADENTON, FL 34202 <input checked="" 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
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
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
11. 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 is true and accurate and that my 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:  Todd Smith, operating mgr 1-31-07 941 951-6555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					