

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000003456

1. Entity Name
 INNOVATIVE MARKETING SOLUTIONS II, LLC



Principal Place of Business
 6653 BLACKHAWK CIRCLE
 WESTERVILLE, OH 43082

Mailing Address
 6653 BLACKHAWK CIRCLE
 WESTERVILLE, OH 43082

DO NOT WRITE IN THIS SPACE



03272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 26-0256626	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating)

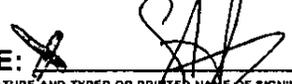
U00000913006
 05/07/08-309402-018 138.75

FILE NOW!!! FEE IS \$138.75 (After May 1, 2008, Fee will be \$538.75)

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILLEARY, JOHN R 6653 BLACKHAWK CIRCLE WESTERVILLE, OH 43082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRILLO, LEOPOLDO JR 2533 PONTIAC DRIVE WEST HARRISON, IN 47040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JIMENEZ, STEVEN 609 SOUTH HIGH STREET RISING SUN, IN 47040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  _____

4/14/08 513-403-4436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #