

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M39527

FILED
Apr 05, 2007
Secretary of State

Entity Name: INDUSTRIAL & MUNICIPAL SUPPLIES, INC.

Current Principal Place of Business:

6175 NW 167 ST
G-33
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

6175 NW 167 ST
G-33
MIAMI, FL 33015 US

New Mailing Address:

FEI Number: 59-2755467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, MARJORIE
C/O20401 NW LAND DR
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FORD, MARJORIE,
Address: %20401 N.W. 2ND AVE.#101
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: FORD, MARJORIE,
Address: %20401 N.W. 2ND AVE.#101
City-St-Zip: MIAMI, FL

Title: VT () Delete
Name: FORD, TREVOR,
Address: %20401 N.W. 2ND AVE.#101
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: FORD, MARJORIE,
Address: %20401 N.W. 2ND AVE.#300
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D (X) Change () Addition
Name: FORD, MARJORIE,
Address: %20401 N.W. 2ND AVE.#300
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VT (X) Change () Addition
Name: FORD, TREVOR,
Address: %20401 N.W. 2ND AVE.#300
City-St-Zip: MIAMI GARDENS, FL 33169

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE FORD

PS

04/05/2007

Electronic Signature of Signing Officer or Director

_____ Date