


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90051 046 ****61.25

DOCUMENT # N03000010245	
1. Entity Name IMPERIAL DRAGON FILMS, INC.	

Principal Place of Business 1508 PENNSYLVANIA AVE. #4 MIAMI BEACH, FL 33139	Mailing Address 1508 PENNSYLVANIA AVE. #4 MIAMI BEACH, FL 33139
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2. Principal Place of Business 8101 Byron Ave. Suite, Apt. #, etc. 506	3. Mailing Address 8101 Byron Ave. Suite, Apt. #, etc. #506
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City & State Miami Beach, FL	City & State MB, FL
Zip 33141	Country USA



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0428160	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEJAR, JOYCELYN 1508 PENNSYLVANIA AVE. #4 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8101 Byron Ave. #506 City Miami Beach FL Zip Code 33141

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 Joyceelyn Bejar <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 1-11-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME BEJAR, JOYCELYN	
STREET ADDRESS 1508 PENNSYLVANIA AVE. #4	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE D	<input type="checkbox"/> Delete
NAME TACHMES, ALEXANDER I	
STREET ADDRESS 2 S. BISCAYNE BLVD. SUITE 2630	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME MOORE, NANCY	
STREET ADDRESS 12864 BISCAYNE BLVD. #341	
CITY-ST-ZIP N MIAMI, FL 33181	
TITLE D	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 8101 Byron Ave. #506	
STREET ADDRESS MIAMI BEACH, FL 33141	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Linda Beafman	
STREET ADDRESS 8943 Carlyle Avenue	
CITY-ST-ZIP SURFSIDE, FL 33154	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 617, 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: Joyceelyn Bejar <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 1-11-05	DAYTIME PHONE # (305) 975-6968
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