2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000020151

1. Entity Name

INTERNATIONAL MANAGEMENT SERVICES, INC.



FILED Jan 19, 2007, 08:00 AN Secretary of State

Principal Place of Business

7270 NW 12TH STREET SUITE #680 MIAMI, FL 33126 US Mailing Address

7270 NW 12TH STREET SUITE #680 MIAMI, FL 33126 US



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0984701 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GARTLAN, PAUL V 7270 NW 12TH STREET SUITE 680 MIAMI, FL 33126

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 Skynature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	scing	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARTLAN, PAUL V 7270 NW 12TH STREET SUITE #680 MIAMI, FL 33126			7.5 B 7.73 	
TITLE HAME STREET ADDRESS CITY-ST-ZIP					U00000592965 01/22/07-80012-019 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, 1	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		* ************************************
12. 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					

The early certaly that the information supplied with this integrated on the exemptions contained in Chapter 119, Horida Statutes, I turner 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-07

Daytime Phone #