

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000013538
 1. Entity Name
 IMAGE MAKERS DESIGN GROUP, INC.



Principal Place of Business 15630 LAUREL DAWN DR FORT MYERS, FL 33912	Mailing Address 15630 LAUREL DAWN DR FORT MYERS, FL 33912
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03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0047088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PITTMAN, LARRY
 6051 ESTERO BOULEVARD
 FORT MYERS BEACH, FL 33931

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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) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000123422
 04/22/04-80004-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MASINO, DENISE 15630 LAUREL DAWN DR FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MASINO, ROBERT 15630 LAUREL DAWN DR FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CELESTINO, BARBARA 380 BAYLAND ROAD FORT MYERS BEACH, FL 33931
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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: Denise Masino DENISE MASINO 4/15/04 239-482-6479
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #