

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 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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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0047088	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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 02/17/05-80008-021 150.00

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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)(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 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] DATE: 2/11/05 (239) 482 6479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #