

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90410 044 ***150.00



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



2. Principal Place of Business - No P.O. Box #
 6621 Broken Arrow Rd

3. Mailing Address
 PMB#404 13300 S Cleveland Av

Suite, Apt. #, etc.
Fort Myers FL

City & State
Fort Myers FL

4. FEI Number
80-0047088

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

02082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

PITTMAN, LARRY
 6051 ESTERO BOULEVARD
 FORT MYERS BEACH, FL 33931

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASINO, DENISE 15630 LAUREL DAWN DR FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sanchez, Denise 6621 Broken Arrow Rd Fort Myers FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MASINO, ROBERT 15630 LAUREL DAWN DR FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Masino, Robert 6621 Broken Arrow Rd FT Myers FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CELESTINO, BARBARA 380 BAYLAND ROAD FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Celestino, Barbara 6621 Broken Arrow Rd FT Myers FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 Sanchez* 4/19/07 239-463-1206
 Date Daytime Phone #