


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		Suite, Apt. #, etc. Fort Myers FL			
City & State Fort Myers FL		City & State Fort Myers FL		4. FEI Number 80-0047088	
Zip 33912		Country USA		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			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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 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: _____			4/16/07 239-463-1206 Date Daytime Phone #		