


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2008 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
6621 BROKEN ARROW RD **PMB#404 13300 S. CLEVELAND AVE**
FORT MYERS, FL 33912 **FORT MYERS, FL 33907**

DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

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 _____
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, 2008 Fee will be \$550.00

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

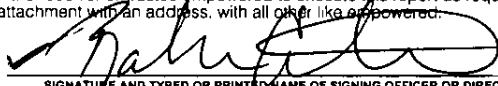
04/29/08-80026-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASINO, DENISE 6621 BROKEN ARROW RD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MASINO, ROBERT 6621 BROKEN ARROW RD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CELESTINO, BARBARA 6621 BROKEN ARROW RD. FORT MYERS, FL 33912
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 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:  **4/12/08** **239-463-1206**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #