

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000044969
 1. Entity Name
 INNOVATIVE MANUFACTURING & DISTRIBUTION SERVICES, INC.



Principal Place of Business 2200 N.W. 32 STREET SUITE 700 POMPANO BEACH, FL 33069	Mailing Address 2200 N.W. 32 STREET SUITE 700 POMPANO BEACH, FL 33069
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0674164	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KAHN, JEFFREY B ESQ.
 3300 UNIVERSITY DRIVE
 SUITE 711
 CORAL SPRINGS, FL 33065

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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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PDCT HAINES, WILLIAM 2200 NW 32ND ST., STE 700 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY ST ZIP	PDS DYKES, BARBARA J 2200 NW 32ND ST., STE 700 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY ST ZIP	

1100000140608
 04/29/04-80169-005 150.00

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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: Barbara J Dykes 04/28/2004 954-969-0005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #