


# 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
5. Certificate of Status Desired <input type="checkbox"/> \$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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**DO NOT WRITE  
IN THIS SPACE**

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
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04/29/04-80169-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 454-969-0005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #