


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90240 002 ***558.75

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KAHN, JEFFREY B ESQ. 3300 UNIVERSITY DRIVE SUITE 711 CORAL SPRINGS, FL 33065		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
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DO NOT WRITE IN THIS SPACE		
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: <u>Barbara J. Dykes, President</u> <u>5/8/2006</u> <u>954-969-0005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		