2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 24, 2004 08:00 AM **DOCUMENT # P02000057305 Secretary of State** 1. Entity Name IMC HOLDINGS, INC. Principal Place of Business Mailing Address 808 NE 18TH AVE. 808 NE 18TH AVE. FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 03202004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 48-1267512 Not Apolicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FRITZE, RICHARD R DO NOT WRITE 808 NE 18TH AVE FT. LAUDERDALE, FL 33304 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. Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 3,777 FRITZE, RICHARD R NAME STREET ADDRESS 808 NE 18TH AVE FT. LAUDERDALE, FL 33304 CITY-ST-ZIP TITLE TERRELL, CHRISTIAN J NAME STREET ADDRESS 1717 NE 16TH TERRACE FT LAUDERDALE, FL 33305 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

All CHARD R. FMT2R

SIGNATURE:

CITY-ST-ZIP

MAME STREET ADDRESS CITY-ST-ZP

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR