2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2006 90397 039 ***150.00 DOCUMENT # P03000036143 1. Entity Name IMARKETING CONSULTANTS, INC. Principal Place of Business Mailing Address 1200 NW 17TH AVENUE 1200 NW 17TH AVENUE SUITE 1 SUITE 1 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Cha-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State Not Applicable 04-3749501 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERT D. CLOUSE Street Address (P.O. Box Number is Not Acceptable) 94 CITRUS PARK LANE BOYNTON BEACH, FL 33436 Zip Code 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. DATE Signature, typed 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 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PTD TITLE ☐ Change ☐ Addition TITLE ☐ Delete CLOUSE, ROBERT D NAME NAME STREET ADDRESS 1200 NW 17TH AVENUE, SUITE 1 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE SLOAT, MICHELLE L NAME NAME 1200 NW 17TH AVENUE, SUITE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhange ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 entrustee 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 at other like empowered.

Apr 24, 2006 8:00 am Secretary of State