


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90092 036 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P03000036143 | |  |
| 1. Entity Name IMARKETING CONSULTANTS, INC. | | |

| | |
|---|---|
| Principal Place of Business 1200 NW 17TH AVENUE SUITE 1 DELRAY BEACH, FL 33445 | Mailing Address 1200 NW 17TH AVENUE SUITE 1 DELRAY BEACH, FL 33445 |
|---|---|

60011233

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01132007 Chg-P CR2E034 (12/06)

| | | |
|---|--|--|
| 4. FEI Number 04-3749501 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent ROBERT D. CLOUSE 94 CITRUS PARK LANE BOYNTON BEACH, FL 33436 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD CLOUSE, ROBERT D 1200 NW 17TH AVENUE, SUITE 1 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SV SLOAT, MICHELLE L 1200 NW 17TH AVENUE, SUITE 1 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Michelle R. Clouse 1/30/07 561-265-0711 x11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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| | | |
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| ROBERT D. CLOUSE 94 CITRUS PARK LANE BOYNTON BEACH, FL 33436 | | Name |
| | | Street Address (P.O. Box Number is Not Acceptable) |
| | | City |
| | | FL Zip Code |

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|----------------------------|-------------------------------------|---|---|
| TITLE | PTD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLOUSE, ROBERT D | NAME | |
| STREET ADDRESS | 1200 NW 17TH AVENUE, SUITE 1 | STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 | CITY-ST-ZIP | |
| TITLE | SV <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SLOAT, MICHELLE L | NAME | |
| STREET ADDRESS | 1200 NW 17TH AVENUE, SUITE 1 | STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 | CITY-ST-ZIP | |
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| SIGNATURE: | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|------------|--|------|-----------------|

ATTACHMENT

#60011239

01132007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 04-3749501 | Applied For <input type="checkbox"/> Not Applicable |
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