


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90078 046 ***150.00

DOCUMENT # P03000092046	
1. Entity Name IMANI K GROUP, INC.	

Principal Place of Business 1525 S. 24TH COURT HOLLYWOOD, FL 33020	Mailing Address 1525 S. 24TH COURT HOLLYWOOD, FL 33020
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03102004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0101477	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FERGESON, HAROLD 1525 S. 24TH COURT HOLLYWOOD, FL 33020	

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERGESON, HAROLD		NAME Harold Ferguson	
STREET ADDRESS 1525 S. 24TH COURT		STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD, FL 33020		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Zachary Bowie	
STREET ADDRESS		STREET ADDRESS 3305 NW 213 Ter.	
CITY-ST-ZIP		CITY-ST-ZIP Carol City, FL 33056	
TITLE	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Clifford Harvey	
STREET ADDRESS		STREET ADDRESS 2414 Wiley Ct.	
CITY-ST-ZIP		CITY-ST-ZIP Hollywood, FL 33023	
TITLE	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Pamela Dale Hollis	
STREET ADDRESS		STREET ADDRESS 3910 SW 25th St.	
CITY-ST-ZIP		CITY-ST-ZIP Hollywood, FL 33023	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Pamela Hollis 3/10/04 954-964-2901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #