


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90282 050 ***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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40078425



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

04142007 Chg-P CR2E034 (12/06)

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	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	
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10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete
NAME	FERGUSON, HAROLD
STREET ADDRESS	1525 S. 24TH COURT
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	P <input type="checkbox"/> Delete
NAME	BOWIE, ZACHARY
STREET ADDRESS	3305 NW 213 TER.
CITY-ST-ZIP	CAROL CITY, FL 33056
TITLE	V <input type="checkbox"/> Delete
NAME	CLIFFORD, HARVEY
STREET ADDRESS	2414 WILEY CT.
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	S <input type="checkbox"/> Delete
NAME	DALE HOLLIS, PAMELA
STREET ADDRESS	3910 SW 25TH ST
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Bowie, Zachary
CITY-ST-ZIP	3305 NW 213th Ter. Carol City, FL 33056
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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>Pamela Dale-Hollis</u> <u>Pamela Dale-Hollis</u>	<u>4/14/07</u> <u>954-324-5361</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>