


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90020 021 \*\*\*550.00

**DOCUMENT # P04000076318**

1. Entity Name  
**INTERNATIONAL MARKETING EXECUTIVES INC**



Principal Place of Business      Mailing Address  
**2631 LIGHTHOUSE COVE PLACE**      **2631 LIGHTHOUSE COVE PLACE**  
**PONTE VEDRA BEACH, FL 32082 US**      **PONTE VEDRA BEACH, FL 32082 US**

**50055115**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

07062005      Chg-P      CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**20-1106269**

Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ELLIS, BRYAN A</b> <b>2631 LIGHTHOUSE COVE PLACE</b> <b>PONTE VEDRA, FL 32082</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \$550.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ELLIS, BRYAN A</b>			NAME	<b>REDHEAD-SMITH, SHERYL E</b>		
STREET ADDRESS	<b>2631 LIGHTHOUSE COVE PLACE</b>			STREET ADDRESS	<b>24 WALKERS RIDGE DRIVE</b>		
CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>			CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REDHEADSMITH, SHERYL E</b>			NAME			
STREET ADDRESS	<b>3001 CYPRESS CREEK DR E</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>			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			
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:  **BRYAN A. ELLIS**      7.6.2005      1 904 543 9123.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #