2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155975

Entity Name: INFINITE MANAGEMENT SERVICES CORP.

FILED Jul 21, 2008 Secretary of State

	rincipal Place	of Business:	New Principal Place	of Business:
720 E. MC POMPAN	CNAB RD. O BCH, FL 3306	60 US		
Current N	/lailing Address	::	New Mailing Address	:
720 E. MC POMPAN	CNAB RD. O BCH, FL 3306	60 US		
FEI Number	r: 02-0733271	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address o	f New Registered Agent:
720 E MC	, CHRIS PRES NAB ROAD O BEACH, FL 3	3060 US		
	e named entity su e of Florida.	ubmits this statement for th	e purpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electronic	c Signature of Registered A	Agent	Date
Election Ca	nce with s. 607.193 Impaign Financing	(2)(b), F.S., the corporation did Trust Fund Contribution ().	I not receive the prior notice.	
Election Ca	nce with s. 607.193	(2)(b), F.S., the corporation did Trust Fund Contribution ().	I not receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS
Election Ca	nce with s. 607.193 Impaign Financing	(2)(b), F.S., the corporation did Trust Fund Contribution (). CORS: Delete STOPHER S	I not receive the prior notice.	
Election Ca OFFICER Title: Name: Address:	nce with s. 607.193 impaign Financing IS AND DIRECT P () I LAWSON, CHRIS 720 E MCNAB R POMPANO BCH,	(2)(b), F.S., the corporation did Trust Fund Contribution (). FORS: Delete STOPHER S OAD FL 33060 US Delete	I not receive the prior notice. ADDITIONS/CHANGE Title: Name: Address:	S TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS LAWSON PRES 07/21/2008