


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000052011 1. Entity Name INTERACTIVE MARKETING GROUP INC.	
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Principal Place of Business 1850 SOUTH OCEAN DR, SUITE 3504 HALLANDALE BEACH, FL 33009	Mailing Address 1850 SOUTH OCEAN DR, SUITE 3504 HALLANDALE BEACH, FL 33009
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

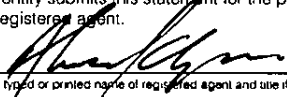
4. FEI Number 26-0111444	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLEYMAN, ALEXANDER 1850 SOUTH OCEAN DR, SUITE 3504 HALLANDALE BEACH, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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 2/8/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

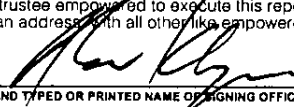
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEYMAN, ALEXANDER 1850 S. OCEAN DR., STE. 3504 HALLANDALE BEACH, FL 33009
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03/05/07-80008-007.150.00

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 2/8/07 Daytime Phone # _____