

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011760

FILED
Apr 25, 2008
Secretary of State

Entity Name: INNOVATIVE MANAGEMENT CONCEPTS, INC.

Current Principal Place of Business:

815 PAW PAW ST
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

815 PAW PAW ST
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3657643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRELL, CHANTA
1515 HUNTINGTON LANE
SUITE 927
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

FERRELL, CHANTA
815 PAW PAW ST
COCOA, FL 32922 US

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.

SIGNATURE: CHANTA FERRELL

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, JOYCE
Address: 815 PAW PAW ST
City-St-Zip: COCOA, FL 32922

Title: VP () Delete
Name: WALKER, CURTIS
Address: 815 PAW PAW ST
City-St-Zip: COCOA, FL 32922

Title: COO () Delete
Name: WALKER, TERESSA P
Address: 815 PAW PAW ST
City-St-Zip: COCOA, FL 32922

Title: CFO () Delete
Name: FERRELL, CHANTA
Address: 815 PAW PAW ST
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOYCE WALKER

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date