


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P39306</b> 1. Entity Name MODELS AND TALENT MANAGEMENT, INC.	
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Principal Place of Business 648 TRADE CENTER BLVD CHESTERFIELD, MO 63005 US	Mailing Address 648 TRADE CENTER BLVD CHESTERFIELD, MO 63005 US
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03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 43-1608510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ROTH, PAULETTE S. 8380 BAYMEADOWS RD. STE. 13 JACKSONVILLE, FL 32256
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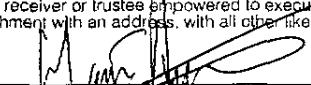
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CST GANS, JAMES S. 12747 OLIVE BLVD. STE. 214 ST. LOUIS, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GANS, RICHARD 12747 OLIVE BLVD., STE. 214 ST. LOUIS, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000277234 03/26/05-80022-004 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3-16-05</b> <b>(636) 532-1100 ext 316</b> <small>Date Daytime Phone #</small>