2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P40965** 1. Entity Name INTERNATIONAL MONEY MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 133 DEFENSE HWY 133 DEFENSE HWY SUITE 104 SUITE 104 ANNAPOLIS MD 21401 US ANNAPOLIS MD 21401-7015 . 1 (B. 1) (B. 1)

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90069 045 ***150.00

Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE			
				4. F	52-1259351		plied For Applicable	
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent		7. N	lame and Address of New Registered	1 Agent		
		-,,,,-,	Name					
SHAF 8825 MIAM	Street Address	Street Address (P.O. Box Number is Not Acceptable)						
			City		F	Zip Code	·	
3. The above	named entity submits this statement for Signature, typed or printed name of registered agent a		egistered office or regis					
Tax filing requirement and elects to do so. After M			NOW!!! FEE IS \$150.00 7 1, 2000 Fee will be \$550.00 Payable to Department of State		Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS A			
ITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP BRITTINGHAM, ERNEST O. 133 DEFENSE HWY, SUITE 104 ANNAPOLIS MD	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HUMPHRIES, WAYNE T. 133 DEFENSE HWY, SUITE 104 ANNAPOLIS MD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE HAME STREET ADDRESS CITY-ST-ZIP	VPS HUMPHRIES, WAYNE T. 133 DEFENSE HWY, SUITE 104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	., <u> </u>		☐ Change	Addition	
TTLE VAME STREET ADDRESS CITY-ST-ZIP	ANNAPOLIS MD T BRITTINGHAM, ERNEST O. 133 DEFENSE HWY, SUITE 104 ANNAPOLIS MD	_ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
DTLE NAME STREET ADDRESS CITY-ST-ZIP	PORTAL OLIO INO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

indicated on this report or supplemental reports true and accurate and that my signature shan have the same regar effect as it made under dain; that it am an olicer of officer of the corporation or the receiver or truebe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an olicer or other proposed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HTTO WORLD

410 -266 -1100 Daytime Phone #