
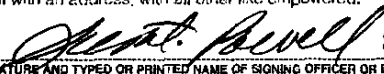


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90003 050 \*\*\*150.00

<b>DOCUMENT # P94000044606</b>					
1. Entity Name INVESTORS MARKETING GROUP, INC.					
Principal Place of Business 3030 HARTLEY RD. #390 JACKSONVILLE, FL 32257			Mailing Address P O BOX 56050 JACKSONVILLE, FL 32241		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0499004	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  POWELL, SUSAN F 3030 HARTLEY RD. #390 JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	EVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, SUSAN F		NAME		
STREET ADDRESS	3030 HARTLEY RD #390		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	SVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILL, JOHN M		NAME		
STREET ADDRESS	15305 DALLAS PKWY. #700		STREET ADDRESS		
CITY-ST-ZIP	ADDISON, TX 75001		CITY-ST-ZIP		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORCOS, YVES		NAME		
STREET ADDRESS	15305 DALLAS PKWY. #700		STREET ADDRESS		
CITY-ST-ZIP	ADDISON, TX 75001		CITY-ST-ZIP		
TITLE	GACS	<input type="checkbox"/> Delete	TITLE	GCAC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, JOHN T		NAME		
STREET ADDRESS	199 WATER ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAND, ROMAIN		NAME		
STREET ADDRESS	92074 PARIS LA DEFENSE CEDEX		STREET ADDRESS		
CITY-ST-ZIP	PARIS,		CITY-ST-ZIP		
TITLE	CAGC	<input type="checkbox"/> Delete	TITLE	CSAG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNE, MAXINE		NAME		
STREET ADDRESS	199 WATER ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		SUSAN F. POWELL		01/08/04 (904)260-6990	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	