

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90027 047 \*\*\*150.00

**40102704**



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0499004</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DOCUMENT # P94000044606**

1. Entity Name  
**INVESTORS MARKETING GROUP, INC.**



Principal Place of Business <b>8380 BAYMEADOWS ROAD          SUITE 12          JACKSONVILLE, FL 32256</b>	Mailing Address <b>P O BOX 56050          JACKSONVILLE, FL 32241 US</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**POWELL, SUSAN F  
 8380 BAYMEADOWS ROAD  
 SUITE 12  
 JACKSONVILLE, FL 32256**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD POWELL, SUSAN F 8380 BAYMEADOWS ROAD, SUITE 12 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT <b>ROGER LAXTON</b> <del>BRILL, JOHN M</del> <b>3900 Dallas Parkway</b> <b>15305 DALLAS PKWY. #700 SUITE 200</b> <del>ADDISON, TX 76004</del> <b>PLANO, TX 75093</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CORCOS, YVES <b>3900 Dallas Parkway</b> <b>15305 DALLAS PKWY. #700 SUITE 200</b> <del>ADDISON, TX 76004</del> <b>PLANO, TX 75093</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS TELLES, LUCY <b>3900 Dallas Parkway</b> <b>46305 DALLAS PARKWAY #370 SUITE 200</b> <del>ADDISON, TX 76004</del> <b>PLANO, TX 75093</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSGC VERNE, MAXINE 199 WATER ST NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Susan F. Powell* **SUSAN POWELL** 04-24-08 (904) 260-6990

Signature and typed or printed name of signing officer or director Date Daytime Phone #