

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90013 050 ***158.75

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DOCUMENT # P96000030213 1. Entity Name INNOVATIVE MARKETING STRATEGIES, INC.					
Principal Place of Business 11350 TOMAHAWK CREEK PARKWAY, STE. 200 LEAWOOD, KS 66211				Mailing Address 11350 TOMAHAWK CREEK PARKWAY, STE. 200 LEAWOOD, KS 66211	
2. Principal Place of Business 11900 BISCAYNE BLVD.		3. Mailing Address 11900 BISCAYNE BLVD.		01052005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc. SUITE 700			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33181		Zip 33181			
Country USA		Country USA		4. FEI Number 65-0660599	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name DEBORAH GAMBONE, ESO. Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD. SUITE 700 City MIAMI FL Zip Code 33181	
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 <u><i>Deborah Gambone</i></u> DEBORAH GAMBONE <u><i>January 5, 2005</i></u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RASMUSSEN, STEVEN 11350 TOMAHAWK CREEK PARKWAY, STE. 200 LEAWOOD, KS 66211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KAMINSKY, ILENE 11900 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33181		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YEATER, BRAD 11350 TOMAHAWK CREEK PARKWAY, STE. 200 LEAWOOD, KS 66211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, COO, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SROUR, DAVID 11900 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33181		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLANEY, DAVID 11350 TOMAHAWK CREEK PARKWAY, STE. 200 LEAWOOD, KS 66211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GREENMAN, IRVING 11900 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33181		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GAMBONE, DEBORAH 11900 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33181		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Deborah Gambone</i></u> DEBORAH GAMBONE, SECRETARY <u><i>1/5/05</i></u> (305) 503-8600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					