2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2006 8:00 am Secretary of State **DOCUMENT # P96000036766** 05-02-2006 90163 041 ***150 00 1. Entity Name INTERNATIONAL MARKETING CONNECTION, INC. Principal Place of Business Mailing Address 3602 DMG DR BUILDING 2 3602 DMG DR BUILDING 2 yuv. LAKELAND, FL 33811 LAKELAND, FL 33811 2. Principal Place of Business 428 QuAv Mailing Address 128 QUAIL Suite, Apt. #, etc Suite, Apt. #, etc 04282006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Numbe 59-3377352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARLING, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 3602 DMG DR BUILDING 2 LAKELAND, FL 33811 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, typed or printed name of rec (NOTE: Registered Agent aignsture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ΡĐ ☐ Delete TITLE ☐ Change ■ Addition TITLE STARLING, CHARLES J NAME NAME **428 QUAIL HOLLOW** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 CITY-ST-7IP VSTD ☐ Delete TITLE TITLE Change Addition NAME STARLING, SHIRLEY A NAME STREET ADDRESS **428 QUAIL HOLLOW** STREET ADDRESS AUBURNDALE, FL 33823 CITY-ST-ZIP CTY-ST-7/2 ☐ Delete TITLE ☐ Change □ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ΠΠLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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.

FILED