2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000076918

Entity Name: I.M.G. CITRUS, INC.

FILED Jan 20, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2600 45TH ST.

VERO BEACH, FL 32967

Current Mailing Address: New Mailing Address:

2600 45TH ST

VERO BEACH, FL 32967

FEI Number: 59-3476385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SALLIN, MICHAEL

SALLIN, MICHEL 7836 CHERRY LAKE ROAD 7836 CHERRY LAKE ROAD GROVELAND, FL 34736 GROVELAND, FL 34736

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.

SIGNATURE: MICHEL SALLIN 01/20/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SALLIN, MICHAEL Name: Name: SALLIN, MICHEL 7836 CHERRY LAKE ROAD Address: Address:

7836 CHERRY LAKE ROAD City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736

() Delete Title: Title: (X) Change () Addition Name: SALLIN, VERONIQUE Name: SALLIN, VERONIQUE

7836 CHERRY LAKE ROAD 7836 CHERRY LAKE ROAD Address: Address: GROVELAND, FL 34736 GROVELAND, FL 34736 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SALLIN, MELANIE RESSLER, MELANIE S Name: Name: 7836 CHERRY LAKE ROAD 7836 CHERRY LAKE ROAD Address: Address: City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736

Title: () Delete Title: () Change () Addition

LEIFFORT, JAMES R Name: 2600 45TH ST Address: City-St-Zip: VERO BEACH, FL 32967 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE S RESSLER Τ 01/20/2005