

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025856

Entity Name: INVENTORY MANAGEMENT SOLUTIONS, INC.

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

26133 US HWY 19 N
SUITE 314
CLEARWATER, FL 33763

New Principal Place of Business:

26133 US HWY 19 N
STE 314
CLEARWATER, FL 33763

New Mailing Address:

26133 US HWY 19 N
SUITE 314
CLEARWATER, FL 33763

FEI Number: 59-3502260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDONE, SUZANNE E
10645 RUFFINO CT.
TRINITY, FL 346554938 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEDONE, SUZANNE E
Address: 10645 RUFFINO CT.
City-St-Zip: TRINITY, FL 346554938

Title: D () Delete
Name: PEDONE, MICHAEL
Address: 10645 RUFFINO CT.
City-St-Zip: TRINITY, FL 346554938

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PEDONE, SUZANNE E
Address: 10645 RUFFINO CT.
City-St-Zip: TRINITY, FL 346554938

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SUZANNE E. PEDONE

PRES

04/04/2008

Electronic Signature of Signing Officer or Director

Date