Apr. 28. 2004 12:09PM

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90356 001 ***150.00

DOCUMENT # S34313

1. Entity Name
INNOVATIVE MARKETING & DISTRIBUTION SERVICES, INC.

Principal Place of Business	Mailing Address
2200 NW 32 STREET SUITE 700 POMPANO BEACH, FL 33069 US	2200 NW 32 STREET SUITE 700 POMPANO BEACH, FL 33069 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0250388 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYNES, WILLIAM
2200 N.W. 32ND ST., SUITE 700
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name Kahn, Jeffrey B. Esq.
Street Address (P.O. Box Number is Not Acceptable) 3300 University Drive, Suite 711
City Coral Springs FL Zip Code 33065

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 Jeffrey B. Kahn 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	
PSTC	DYKES, BARBARA J	4007 COCOPLUM CIRCLE	POMPANO BEACH, FL 33063	☑ Delete
PDS	DYKES, BARBARA J.	4007 COCOPLUM CIRCLE	COCONUT CREEK, FL 33063	☐ Delete
PCDT	HAINES, WILLIAM	4007 COCOPLUM CIR.	COCONUT CREEK, FL 33063	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ 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: Barbara J. Dykes, Pres. 04/28/2004 954/969-005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #