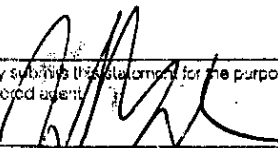
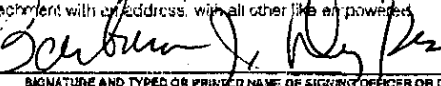


Apr 28, 2004 12:09PM

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 2200 NW 32 STREET SUITE 700 POMPANO BEACH, FL 33069 US		Mailing Address 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		Zip	
Country		Country	
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		DATE 4-29-04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PSTC DYKES, BARBARA J 4007 COCOPLUM CIRCLE POMPANO BEACH, FL 33063 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PDS DYKES, BARBARA J. 4007 COCOPLUM CIRCLE COCONUT CREEK, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PCDT HAINES, WILLIAM 4007 COCOPLUM CIR. COCONUT CREEK, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ 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.		Date 04/28/2004 File # 954/969-005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date File #	