2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

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

04252005 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

KAHN, JEFFREY B ESQ.
3300 UNIVERSITY DRIVE STE 711
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______ 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, 2005 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	PDS DYKES, BARBARA J. 4007 COCOPLUM CIRCLE COCONUT CREEK, FL 33063	☐ Delete
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		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000333322 04/26/05-80093-025 158.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 4/25/05 954-969-[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #