


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90211 006 \*\*\*150.00

<b>DOCUMENT # V38027</b>	
1. Entity Name RUSTIN INTERNATIONAL MARKETING & MEDIA CORP.	

Principal Place of Business 6820 N. BENJAMIN RD SUITE 12 TAMPA, FL 33634 US	Mailing Address <del>100 N. TAMPA STREET</del> <del>#2120</del> TAMPA, FL 33602
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*6820 N Benjamin Rd*  
*Suite 12*  
*Tampa FL 33634* **14006195**



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3124574	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BIERLEY, JOHN C. 100 N. TAMPA STREET SUITE 2120 TAMPA, FL 33602
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**DO NOT WRITE IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSTIN, JEANETTE B. 6820 N BENJAMIN ROAD, <i>Suite 12</i> TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLEGE, ELAINE M. 3000 E BUSCH BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHEL, KIM 3607 OBISPO TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RUSTIN, JEANETTE B. 6820 N BENJAMIN ROAD, SUITE 12 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Jeanette B. Rustin* **4-26-05** **885-1305**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #