2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # V38027

1. Entity Name



FILED Apr 05, 2006 8:00 am Secretary of State

04-05-2006 90158 050 ***150.00

	NTERNATIONAL MARKETIN	G & MEDIA CORP.	13				
Principal Place	e of Business	Mailing Address					
16820 N. BENJAMIN RD SUITE 12 TAMPA FL-33634 US		1218 E. PARIS STREET TAMPA FL 33604					
2. Principal Place of Business 1218 E. PARIS ST		3. Mailing Address			all bubba lies with salls had lost stan b	-411 9-411 9-564 91912 919	
Suite, Apt. #, etc. TAMPA		Suite, Apt. #, etc.		1:	1st MOORE CR2E034 (10/05)		
City & State	е	City & State		4. FEI Numi	59-3124574	<u> </u>	phied For at Applicable
3360	y Country USA	Ζιρ	Country		e of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current i	Registered Agent	Name	7. Name an	d Address of New Register	ed Agent	······ · · · ·
OIEE	NEW JOHN OC		Ivanie				
BIERLEY; JOHN C.´ ⁻ 100 N. TAMPA STREET SUITE 2120		Street Address		dress (P.O. Box Num	ber is Not Acceptable)		
	MPA FL 33602						
			City		F	Zip Cod	е
	named entity submits this statement for ions of registered agent	the purpose of changing its r	egistered office or	registered agent, or b	oth, in the State of Florida. 1	am familiar with,	and accept
CICNATURE							
SIGNATURE .	Signature, typed or printed name of registered agent a	and title it conficative (NOTE	Registered Agent signatur	re reduired when reinstating)	OA	ΤE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00				Election Campaign Fin Trust Fund Contribution		00 May Be ed to Fees
Make Check Payable to Florida Department of State					1		
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10.	OFFICERS AND		11.	ADDITION	S/CHANGES TO OFFICERS	·	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: