



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 124210		2. Name of Corporation International Marketing Advantages, Inc.			
3. Street Address Principal Business Office 235 Promenade Street, Suite 420			City Providence	State RI	Zip 02908
4. Business Phone No.		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING CONSULTING SERVICES FOR PROMOTIONAL PRODUCTS AND ALL RELATED SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael M. Woody			Vice President Name None		
Street Address 2520 Diamond Hill Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Michael M. Woody			Treasurer Name Michael M. Woody		
Street Address 2520 Diamond Hill Road			Street Address 2520 Diamond Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	\$1.00	100	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/27/05
Check No.: 125898
By: W.
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael M. Woody 1/20/05
Signature of Officer Date
Michael M. Woody
Print or type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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3. Street Address Principal Business Office 235 Promenade Street, Suite 420			City Providence	State RI	Zip 02908
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Providing consulting services for promotional products and all related services					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael M. Woody			Vice President Name None		
Street Address 2520 Diamond Hill Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Michael M. Woody			Treasurer Name Michael M. Woody		
Street Address 2520 Diamond Hill Road			Street Address 2520 Diamond Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	\$1.00	100	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 16 2004

By Kme

M34757

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael M. Woody 6/14/04
Signature of Officer Date

Michael M. Woody
Print or Type Name of Officer

President
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
 Filing Period: January 1-March 1 • Filing Fee: \$50.00



RM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. **124210** 2. Name of Corporation **International Marketing Advantages Inc.**

3. Street Address Principal Business Office **235 Promenade Street, Suite 420** City **Providence** State **RI** Zip **02908**

4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code _____

Brief Description of the Character of Business Conducted in Rhode Island
Providing consulting services for promotional products and all related services

NAMES AND ADDRESSES OF THE OFFICERS (*X-BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHED

President Name Michael M. Woody	Vice President Name None
Street Address 2520 Diamond Hill Road	Street Address _____
City Cumberland State RI Zip 02864	City _____ State _____ Zip _____
Secretary Name Michael M. Woody	Treasurer Name Michael M. Woody
Street Address 2520 Diamond Hill Road	Street Address 2520 Diamond Hill Road
City Cumberland State RI Zip 02864	City Cumberland State RI Zip 02864

NAMES AND ADDRESSES OF THE DIRECTORS (*X-BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHED

Director Name None	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

AUTHORIZED SHARES (*X-BOX FOR ATTACHMENT) ISSUED SHARES

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
8,000 \$1.00 PAR VALUE	100
Class/Series	Class/Series
\$1.00 PAR VALUE	Common
Par Value	Per Value
\$1.00	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 4 2 1 0 *

Filing Date: March 4, 2003

Check No.: 5038

By: fun

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael M. Woody 2/27/03
 Signature of Officer Date

Michael M. Woody
 Print or Type Name of Officer

President
 Title of Officer