2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155401

Entity Name: IMAGE CONTRACTING SERVICES, INC

FILED May 02, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
9 MISSISSI	PPI CIRCLE LA, FL 32505					
Current Mailing Address:			New Mailing Address:			
	PPI CIRCLE LA, FL 32505					
FEI Number: 20-1891505 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired ()		
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
3895 WINC	N, JAMES C DNA DR LA, FL 32504	US				
The above in the State		bmits this statement for the p	urpose of changing i	ts registered of	ffice or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Age	ent		Date	
		2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ()[JONES, ININA J 740 W FAIRFIEL PENSACOLA, FL		Title: Name: Address: City-St-Zip:	P (X) JONES, ININA J 220 BROUSSAF PENSACOLA, F	RD ST	
Title: Name: Address: City-St-Zip:	S ()[REESE, NORMA 211 BROUSSAR PENSACOLA, FL	O ST	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	T () E SALTER, TIMOTH 740 W FAIRFIEL PENSACOLA, FL	D DR	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP ()[REESE, DAVID N 211 BROUSSARI PENSACOLA, FL	O ST	Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA REESE S 05/02/2006