2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

## Mar 22, 2007 08:00 AM DOCUMENT # 559250 **Secretary of State** 1. Enlity Name COLLECTABLE IMAGES, INC. Principal Place of Business Mailing Address 2158 AUBURN LAKES DRIVE VIERA FL 32955-6764 2158 AUBURN LAKES DRIVE VIERA FL 32955-6764 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato Applied For 4. FEI Number 59-1812875 Not Applicable Żip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELDER, LOIS Street Address (P.O. Box Number is Not Acceptable) 2158 AUBURN LAKES DRIVE VIERA FL 32955-6764 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, lyned or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DILE ☐ Delete THILE ☐ Change Addition U00000675305 03/30/07-80014-008 150.00 FELDER, LOIS G. NAME NAMI 2158 AUBURN LAKES DRIVE STREET ADDRESS STREET ADDRESS VIERA FL 32955-6764 CHY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition PANZAK, HALI NAME NAMI 3836 SUNFLOWER COURT STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CHY-SI-7IP CiTY+SI-7IP DTLE VD Delete TITLE Change Addition NAMI EPSTEIN, DIANA NAM 110 DE SOTO PKWY, APT 17 STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL 32937 CHY-SI-71P CHY-SI-ZIP TITLE Deleie IIIII Change moilibhA [ NAMI STRELL ADDRESS STREET ADDRESS CHY-ST-7IP CITY+ST-ZIP HITLE ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY-SI-ZIE INTLE. Delete TIPLE Change Addition NAMI' NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

**FILED** 

indicated on this roport or supplemental roport is true and accurate and that my signature shall have the same legal offect 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:

3-19-07 (321) 633-1616

I horeby cortify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information