


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001532 1. Entity Name NEW IMAGE REALTY, INC.	
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Principal Place of Business 888 SEVENTH AVE. SUITE 3400 NEW YORK, NY 10106-0199	Mailing Address 888 SEVENTH AVE. SUITE 3400 NEW YORK, NY 10106-0199 US
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 88-0262895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, PAUL F 888 SEVENTH AVE. NEW YORK, NY 101060199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BORY, JUDITH 888 SEVENTH AVE. NEW YORK, NY 101060199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LOPATER, LAWRENCE 888 SEVENTH AVE, STE 3400 NEW YORK, NY 10106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Judith Bory Judith Bory 4/7/04 212-333-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #