2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000001824

1. Entity Name
IMAJE INK JET PRINTING CORPORATION

Principal Place of Business	Mailing Address
1650 AIRPORT RD. KENNESAW, GA 30144	1650 AIRPORT RD. KENNESAW, GA 30144

DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1734567
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KERBAGE, OMAR
STREET ADDRESS	9 RUE GASPARD MONGE
CITY-ST-ZIP	26500 BOURG LES VALENCE,
TITLE	D
NAME	LEFORT, CHRISTIAN
STREET ADDRESS	9 RUE GASPARD MONGE
CITY-ST-ZIP	26500 BOURG LES VALENCE,
TITLE	P
NAME	DESROCHES, JACQUES
STREET ADDRESS	1650 AIRPORT RD
CITY-ST-ZIP	KENNESAW, GA 30144
TITLE	CFO
NAME	WAKEFORD, STEVE
STREET ADDRESS	1650 AIRPORT RD
CITY-ST-ZIP	KENNESAW, GA 30144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/07-80061-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Steve Wakeford - STEVE WAKEFORD 1/17/07 (770)421-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #