


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90056 007 \*\*\*150.00

<b>DOCUMENT # F99000006293</b>	
1. Entity Name <b>IM PRESS, INC.</b>	

Principal Place of Business <b>3220 RIVER VILLA WAY # 160 MELBOURNE BEACH FL 32951</b>	Mailing Address <b>3220 RIVER VILLA WAY # 160 MELBOURNE BEACH FL 32951</b>
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MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>54-1694234</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SULLIVAN, MONTENE S 307 TRINIDAD DRIVE SATELLITE BEACH FL 32937</b>
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7. Name and Address of New Registered Agent	
Name <b>BARBARA C. WALL</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>777 North Highway A1A, Suite 101</b>	
City <b>INDIAN LANTIC</b>	Zip Code <b>FL 32903</b>

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 *Barbara C. Wall* DATE 4/20/04  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SCANLON, CHARLES F 3220 RIVER VILLA WAY # 160 SATELLITE BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCANLON, BARBARA J 8036 OAK HOLLOW LANE FAIRFAX STATION VA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCANLON, KELLIE 8036 OAK HOLLOW LANE FAIRFAX STATION VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEIL, ASHLYN 8036 OAK HOLLOW LANE FAIRFAX STATION VA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERI J. FEDE - VICE PRES 10136 RED SPRUCE ROAD FAIRFAX, VA 22032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KELLIE H. SCANLON 3172 HARVARD ST. WOODBRIIDGE, VA 22192 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BRETT S. SCANLON 4008 BLAKE DRIVE FREDRICKSBURG, VA 22901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (ke)empowered.

SIGNATURE: *Charles F. Scanlon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #