


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90293 031 \*\*\*150.00

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

Principal Place of Business 3220 RIVER VILLA WAY # 160 MELBOURNE BEACH, FL 32951	Mailing Address 3220 RIVER VILLA WAY # 160 MELBOURNE BEACH, FL 32951
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20042420

2. Principal Place of Business <b>16 F MARINA ISLES BLVD.</b>	3. Mailing Address <b>16 F MARINA ISLES BLVD.</b>
Suite, Apt. #, etc. <b>INDIAN HARBOR BEACH,</b>	Suite, Apt. #, etc.
City & State <b>FL. 32937</b>	City & State <b>INDIAN HARBOR BEACH, FL</b>
Zip <b>32937</b>	Country <b>FLORIDA</b>



04182005 Chg-P CR2E034 (10/03)

4. FEI Number 54-1694234		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 WALL, BARBARA C 777 NORTH HWY. A1A STE. 101 INDIALANTIC, FL. 32903		7. Name and Address of New Registered Agent Name <b>WALL, BARBARA C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2000 Highway 1A</b> <b>INDIAN HARBOR BEACH, FL</b> City <b>FL</b> Zip Code <b>32937</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.

**ONLY AN ADDRESS CHANGE.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	PCD SCANLON, CHARLES F. 16 F MARINA ISLES BLVD. INDIAN HARBOR BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEOE, TERI J 10136 RED SPRUCE RD. FAIRFAX, VA 22032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCANLON, KELLIE L 3172 HARVARD ST. WOODBIDGE, VA 22192 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCANLON, BRETT S 4008 BLAKE DR. CHARLOTTESVILLE, VA 22901 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 like empowered.

SIGNATURE: Charles F. Scanlon CHARLES F. SCANLON 20 Apr 2005 321-779-9822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #