


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # J97727 1. Entity Name IMAGIFORCE, INC.	
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Principal Place of Business 18402 TIMBERLIN P.O. BOX 1653 LUTZ, FL 33549	Mailing Address 18402 TIMBERLIN P.O. BOX 1653 LUTZ, FL 33549
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DO NOT WRITE IN THIS SPACE

02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2760334	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

**BROWN, GLENN E. #600
2529 WEST BUSCH BLVD. #900
TAMPA, FL 33618**

DO NOT WRITE IN THIS SPACE

7. 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 _____

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	D FORCE, ANNE 18402 TIMBERLIN LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORCE, KAREN 18402 TIMBERLIN LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORCE, MICHAEL 18402 TIMBERLIN LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000091467
03/18/04-80010-002 150.00

12. I hereby certify that the information supplied with this form 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 it at my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04 803 532 6915
Daytime Phone #