2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97727

Entity Name: IMAGIFORCE, INC.

FILED Apr 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18402 TIMBERLIN
P.O. BOX 1653
LUTZ, FL 33549
LUTZ, FL 33549

Current Mailing Address: New Mailing Address:

18402 TIMBERLIN P.O. BOX 1653 P.O. BOX 1653 LUTZ, FL 33548 LUTZ, FL 33549

FEI Number: 59-2760334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, GLENN E. FORCE, KAREN A VP, ST 2529 WEST BUSCH BLVD. #900 18402 TIMBERLAN LUTZ, FL 33618 US LUTZ, FL 33549 US

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.

SIGNATURE: KAREN A. FORCE 04/03/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 D
 () Delete
 Title:
 D, P
 (X) Change () Addition

 FORCE, ANNE,
 Name:
 FORCE, ANNE,

 18402 TIMBERLIN
 Address:
 18402 TIMBERLAN

City-St-Zip: LUTZ, FL City-St-Zip: LUTZ, FL

Title: D () Delete Title: ST (X) Change () Addition

 Name:
 FORCE, KAREN,
 Name:
 FORCE, KAREN,

 Address:
 18402 TIMBERLIN
 Address:
 18402 TIMBERLAN

City-St-Zip: LUTZ, FL City-St-Zip: LUTZ, FL

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 FORCE, MICHAEL,
 Name:
 FORCE, MICHAEL,

 Address:
 18402 TIMBERLIN
 Address:
 18402 TIMBERLAN

City-St-Zip: LUTZ, FL City-St-Zip: LUTZ, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN A. FORCE VP 04/03/2007