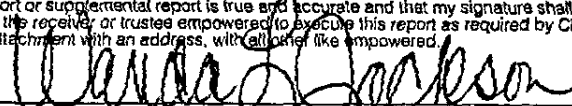


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L65318																																				
1. Entity Name IMAGE MAKERS OF NICEVILLE, INC.																																				
Principal Place of Business C/O WANDA L. JACKSON 910 S. PALM BLVD. NICEVILLE, FL 32578	Mailing Address C/O WANDA L. JACKSON 910 S. PALM BLVD. NICEVILLE, FL 32578	 01272006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-3006035</td><td style="width: 40%; padding: 2px;">Applied For ☐ Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3006035	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																															
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DO NOT WRITE IN THIS SPACE																																				
6. Name and Address of Current Registered Agent JACKSON, WANDA L. 910 S. PALM BLVD. NICEVILLE, FL 32578		DO NOT WRITE IN THIS SPACE																																		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE _____																																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																		
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th colspan="2" style="text-align: center; padding: 2px;">10. OFFICERS AND DIRECTORS</th></tr><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">D</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">JACKSON, WANDA L.</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">910 S. PALM BLVD.</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">NICEVILLE, FL</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>		10. OFFICERS AND DIRECTORS		TITLE	D	NAME	JACKSON, WANDA L.	STREET ADDRESS	910 S. PALM BLVD.	CITY-ST-ZIP	NICEVILLE, 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 UNRECORDED 02/13/06-80063-011 150.00
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/30/06 850-678-1066 Date Daytime Phone																																				