2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# M96000000041

Entity Name: CPI IMAGES, L.L.C.

Current Principal Place of Business:

1706 WASHINGTON AVE.
ST. LOUIS, MO 63103

New Principal Place of Business:

Current Mailing Address:

1706 WASHINGTON AVE.
ST. LOUIS, MO 63103

New Mailing Address:

FEI Number: 43-1729899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CONSUMER PROGRAMS IN, CORPORATED
Address: 1706 WASHINGTON AVE.
City-St-Zip: ST. LOUIS, MO 63103

Title: MGR ( ) Delete
Name: NELSON, JANE E
Address: 1706 WASHINGTON AVENUE
City-St-Zip: ST. LOUIS, MO 63103

Title: MGR ( ) Delete
Name: DOUGLASS, GARY W
Address: 1706 WASHINGTON AVENUE
City-St-Zip: ST. LOUIS, MO 63103

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: HEINS, DALE
Address: 1706 WASHINGTON AVENUE
City-St-Zip: ST. LOUIS, MO 63103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DALE HEINS MGR 04/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date