2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P00000067321							Apr 17, 2006 08:00 AM Secretary of State				
1. Entity Nam				4				Secreta	ry of	State	e
IMAGE A	rt prodi	JCTS, INC.		,				:			
Principal Plac	e of Business		Mailing A	Address		1	7	\$	į		
1826 N. DIXIE HWY				1826 N. DIXIE HWY				f	į		
LAKE WOR	TH FL 33460	, , ,	LAKEV	VORTH FL 334	<b>160</b>						
2. Principal P	lace of Busine	ess	3. Mailing	3. Mailing Address							•(••) 11 1001
Suite, Apt. II, etc.			Suite, /	Suite, Apr. #, etc.			1st	MOORE	CR2E034	(10/05)	
City & State			City &	City & State			4. FE) Numbe	65-1035985	ì	1	oplied For of Applicable
Zip	p Country		Zip	Zip Co		5. Certificate of Status Desire		of Status Desired		\$8.75 Add Fee Require	ditional d
	6. Name a	and Address of Cur	rent Registered	Agent		Name	7. Name and	Address of New Re	gistered /	igent	
MAI	NKIN ALL	FN						·	<u> </u>		
MANKIN, ALLEN 1826 N. DIXIE HWY LAKE WORTH FL 33460			•				s (P.O. Box Numbe	er is Not Acceptable			
						City		:	FL	Zip Cod	le
8. The above	named entity	submits this stateme	ent for the purpose	e of changing it	s register	{ ed affice or registe	ered agent, or bot	h, in the State of Flor	,	· 1	and accept
	tions of registe				-	•	•	i	Ì		
SIGNATURE .											
Signature. Iyped or printed retire of registered agent and filto if applicable (NOTE Registered Agent signature required							(od when reasslating)		DATE		<del></del>
After	May 1, 2006	FEE IS \$150.00   Fee Will Be \$55   Florida Departme	0.00					Election Campai Trust Fund Cont			00 May Be od to Fees
10.			AND DIRECTORS		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
	PD			☐ Detete	utu				į	☐ Change	Addition
NAME	MANKIN, A				NAM	(			1		
STREET ADDRESS CHY+ST-2IP	1826 N DIX LAKE WOR	IE HWY TH FL 33460			1	ST-ZIP	8	000000518 008-20\S0\Z	103-01; 103-01;	2 150.0	<u> </u>
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NAME	}			I ☐ Defete	RILL	1			ì	Change	Addition Addition
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CITY-ST-ZIP					CHY	-S1 - Z1P			Ì	_	
TITLE	}			[] Delete	31115	1		t	;	☐ Change	Addition
NAME STREET ADDRESS	}	<u>.</u>			NAM STRE	E }			İ		
CITY-ST-ZIP					•	-\$1-ZIP		Ċ			
<b>12.</b> ) hereby (	certify that the	information supplie	d with this filing d	loes not qualify	for the ex	emptions contain	ned in Section 119	), Florida Statutes. I	luttijer cer	tify that the i	ntormation
of the cor of change	on this report or the or or an at	or supplemental rep e receiver or trustee tachment with an ac	port is true and act empowered to el dress, with all oth	curate and that xecute this repo er like empowe	my signa ort as requ ered	ture shall have the irred by Chapter t	e same legal effec 607, Florida Statut	t as if made under o es; and that my nam	aun; that i t e appears	im an officer in Block 10 i	or Block 11
SIGNAT	URE:	allen 1	nent	Allen 1	Manki	n		4/13/06	:		

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