2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004
Secretary of State

DOCUMENT# P01000014932

Entity Name: A NU IMAGE INC.

Current Principal Place of Business:

14108 110TH TERRACE
LARGO, FL 33774

New Principal Place of Business:

14110 82ND TERRACE N.
SEMINOLE, FL 33776

Current Mailing Address:

14108 110TH TERRACE
LARGO, FL 33774

New Mailing Address:

14110 82ND TERRACE N
SEMINOLE, FL 33776

FEI Number: 59-3697627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYN, VICTORIA
14108 110TH TERRACE
LARGO, FL 33774

Name and Address of New Registered Agent:

HANSON, VICTORIA
14110 82ND TERRACE N.
SEMINOLE, FL 33776

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: VICTORIA HANSON 05/13/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HANSON, VICTORIA L
Address: 14108 110TH TERRACE NORTH
City-St-Zip: LARGO, FL 33774

Title: DVS ( ) Delete
Name: STEEN, WILLIAM R VP
Address: 1567 BONAIR ROAD
City-St-Zip: CLEARWATER, FL 33755

Title: T ( ) Delete
Name: HANSON, GLENN W
Address: 14110 82ND TERRACE
City-St-Zip: SEMINOLE, FL 33776

Title: XXX ( ) Delete
Name: XXXXXXXXXXX, XXXXXXX
Address: XXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXX, XX XXXXX

Title: XX ( ) Delete
Name: XXXXXXXXXX, XXXXXXX X
Address: XXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXX, XX XXXXX

Title: XXXX ( ) Delete
Name: XXXXXXXXXXX, XXXXXXXXX X
Address: XXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXX, XX XXXXXX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HANSON, VICTORIA L
Address: 14110 82ND TERRACE N.
City-St-Zip: SEMINOLE, FL 33776

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTORIA HANSON P 05/13/2004
Electronic Signature of Signing Officer or Director Date