

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014932

Entity Name: A NU IMAGE INC.

FILED
Jan 26, 2011
Secretary of State

Current Principal Place of Business:

14110 82ND TERRACE N.
SEMINOLE, FL 33776

New Principal Place of Business:

11200 TAMARIX AVENUE
PORT RICHEY, FL 34668

Current Mailing Address:

14110 82ND TERRACE N.
SEMINOLE, FL 33776

New Mailing Address:

11200 TAMARIX AVENUE
PORT RICHEY, FL 34668

FEI Number: 59-3697627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HANSON, VICTORIA
11200 TAMARIX AVENUE
PORT RICHEY, FL 34668 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:

01/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HANSON, VICTORIA L
Address: 11200 TAMARIX AVENUE
City-St-Zip: PORT RICHEY, FL 34668

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

Title: XXX
Name: XXXXXXXXXXXX, XXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXX, XX XXXXX

Title: XX
Name: XXXXXXXXXXXX, XXXXXXXX X
Address: XXXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXX, XX XXXXX

Title: XXXX
Name: XXXXXXXXXXXX, XXXXXXXXX X
Address: XXXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXXX, XX XXXXXX

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA HANSON

PRES

01/26/2011

Electronic Signature of Signing Officer or Director

Date