

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015881

Entity Name: IMAGE GRAPHICS 2000 INC

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

2450 WEST SAMPLE ROAD
SUITE # 20
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

PO BOX 670276
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-1090089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, WADE S
4543 HUNTING TRAIL
LAKE WORTH, FL 33467 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, WADE S
Address: 4543 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

Title: ST () Delete
Name: GOMEZ, MARIA
Address: 3751 NW 73RD WAY
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPP () Delete
Name: PANZA, CHRISTOPHER M
Address: 8302 N.W. 7TH AVE.
City-St-Zip: TAMARAC, FL 33321

Title: VPI () Delete
Name: BURNS, CHRISTIAN L
Address: 2520 NW 61ST AVE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: MARIA C. GOMEZ

ST

02/05/2009

Electronic Signature of Signing Officer or Director

Date