2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046723

City-St-Zip:

TAMPA, FL 33609

FILED Apr 26, 2007 Secretary of State

Entity Name: IDEAL IMAGE, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4890 W KE SUITE 100 TAMPA, FL					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
4890 W KENNEDY BLVD SUITE 100 TAMPA, FL 33609 US					
FEI Number:	65-1124737	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BARDWELL, NICOLE D ESQ. 4830 W KENNEDY BLVD SUITE 440 TAMPA, FL 33609 US The above named entity submits this statement for the purpose in the State of Florida.			4830 W KENNÉDY BLV SUITE 440 TAMPA, FL 33609 US	TAMPA, FL 33609 US	
		O OTDOTUMANI		04/00/0007	
SIGNATUR		D. STROTHMAN ic Signature of Registered Ager	nt	04/26/2007 	
Election Can		Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MIKLES, RICHA 4890 W KENNE TAMPA, FL 330	DY BLVD #100	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () ACEBAL, JOSE 4890 W KENNE TAMPA, FL 336	DY BLVD #100	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	MIKLES, ANGE	Delete LA INY BLVD #100	Title: (Name:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: NICOLE D. STROTHMAN 04/26/2007 ESQ.