2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051322

Name:

Address: City-St-Zip: MILLER, CRAIG

EVERETT, WA 98201

606 WARREN

Entity Name: THE INTERNATIONAL MICR ENCODING COMPANY INC.

FILED Jan 02, 2007 Secretary of State

y		VALUE OF LIVE OF	TVO COMITATIVO.		
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
420 GALVI 308	EZ LANE		420 GALVEZ LANE 308		
	STINE, FL 32095	US	PONTE VEDRA, FL	. 32081 US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O BOX 1 ST AUGUS	1929 STINE, FL 32085				
FEI Number:	: 59-3756153 F	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
DENISE, PAMELA PO BOX 1029 ST AUGUSTINE, FL 32085 US			# 308	420 EAST GALVEZ LANE	
	named entity sub e of Florida.	mits this statement for the		red office or registered agent, or both,	
SIGNATURE: DENISE P BERRY				01/02/2007	
	Electronic	Signature of Registered Ag	gent	Date	
Election Car	npaign Financing Tr	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEOP () De BERRY, KENNETH 420 EAST GALVEZ ST AUGUSTINE, FI	S : LANE #308	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () De LAZ, STANLEY 5402 WONDERLAI SNOHAMISH, WA	ND ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V ()De	lete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KENNETH S BERRY CEOP 01/02/2007