2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061887

Entity Name: SCHOOL IMAGES, INC

FILED May 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6331 39 STREET N #140 PINELLAS PARK, FL 33781 **Current Mailing Address: New Mailing Address:** PO BOX 3260 SEMINOLE, FL 33775 FEI Number: 59-3752275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOLF, STEVE 6331 39 STREET NORTH UNIT 140 PINELLAS PARK, FL 33781 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: SEC () Delete Title: () Change () Addition Name: DASSETT, DIANE C Name: 6331 39 STREET UNIT 140 Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: Title: DIR () Delete () Change () Addition WOLF, STEVEN C Name: Name: PO BOX 3260 Address: Address: SEMINOLE, FL 33775 City-St-Zip: City-St-Zip: Title: Title: DIR () Delete () Change () Addition WOLF, STEVEN C Name: Name: PO BOX 3260 Address: Address: SEMINOLE, FL 33775 City-St-Zip: City-St-Zip: Title: **PRES** () Delete Title: () Change () Addition WOLF, STEVEN C Name: Name: Address: PO BOX 3260 Address: City-St-Zip: SEMINOLE, FL 33775 City-St-Zip: Title: VICE Title: () Delete () Change () Addition WOLF, STEVEN C Name: Name: PO BOX 3260 Address: Address: City-St-Zip: SEMINOLE, FL 33775 City-St-Zip: Title: **TRES** () Delete Title: () Change () Addition Name: WOLF, STEVEN C Name: Address: PO BOX 3260 Address: City-St-Zip: City-St-Zip: SEMINOLE, FL 33775

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: DIANE DASSETT SEC 05/01/2004