
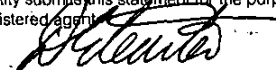
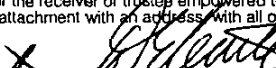


## 03-15-2005 90031 003 \*\*\*150.00

<b>DOCUMENT # P01000067197</b> 1. Entity Name <b>WAY COOL GRAPHIX &amp; IMAGES, INC.</b>				03-15-2005 90031 003 ***150.00	
Principal Place of Business <b>9210 SADDLE CREEK DRIVE BOCA RATON, FL 33496</b>		Mailing Address <b>9210 SADDLE CREEK DRIVE BOCA RATON, FL 33496</b>			
2. Principal Place of Business <b>3980 Airport Rd.</b>		3. Mailing Address <b>P.O. Box 909</b>			
Suite, Apt. #, etc. <b>Building 1</b>		Suite, Apt. #, etc.			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>65-1121322</b>	
Zip <b>33431</b>		Zip <b>33429</b>		Country	
6. Name and Address of Current Registered Agent <b>CARTER, DANIEL 9210 SADDLE CREEK DRIVE BOCA RATON, FL 33496</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2131 NE 4th AVE</b> City <b>BOCA RATON</b> FL Zip Code <b>33431</b>			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: <b>03/08/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, DANIEL 9210 SADDLE CREEK DRIVE BOCA RATON, FL 33496	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAYNE, CHRISTOPHER 9210 SADDLE CREEK DRIVE BOCA RATON, FL 33496	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE:  DATE: <b>03/08/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					