


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State


01-23-2006 90105 011 ***150.00

DOCUMENT # P01000102658	
1. Entity Name NEW YORK IMAGE ENTERPRISES INC.	

Principal Place of Business 1600 N FEDERAL HWY. #7 BOYNTON BEACH, FL 33435	Mailing Address 7902 KINGSPONTE PKWY, STE 207-B #207-A ORLANDO, FL 32819
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20002390

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

	
01102006	Chg-P CR2E034 (11/05)
4. FEI Number 65-1147138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
J.A.O. SERVICES INC. 7902 KINGSPONTE PKWY, STE 207-B STE. #207-A ORLANDO, FL 32819	

7. Name and Address of New Registered Agent	
Name	Mohammad Abdelaziz
Street Address (P.O. Box Number is Not Acceptable)	
101 Newberry Lane	
City	West Palm Beach FL 33414

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	<i>[Signature]</i> 1-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	P
NAME	ABDELAZIZ, ABDELHAMID	NAME	Abdelaziz, Abdelhamid
STREET ADDRESS	101 NEWBURY LANE	STREET ADDRESS	5480 Queenship Ct.
CITY-ST-ZIP	ROYAL PALM, FL 33414	CITY-ST-ZIP	Greenacres, FL 33463
TITLE	V	TITLE	VP
NAME	MOHAMED, ABELAZIZ	NAME	Abdelaziz, Mohammad
STREET ADDRESS	101 NEWBURY LANE	STREET ADDRESS	101 Newberry Lane
CITY-ST-ZIP	ROYAL PALM, FL 33414	CITY-ST-ZIP	West Palm Beach, FL 33414
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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	<i>[Signature]</i> 1-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	