


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90366 032 \*\*\*158.75

<b>DOCUMENT # P02000054316</b>		
1. Entity Name PALM BEACH IMAGE, INC.		

Principal Place of Business 10209-10215 SOUTH BLVD ROYAL PALM BEACH, FL 33411	Mailing Address 10209-10215 SOUTH BLVD ROYAL PALM BEACH, FL 33411
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**50041516**



2. Principal Place of Business 7516 greenville Cr. Suite, Apt. #, etc.	3. Mailing Address 7516 greenville Cr. Suite, Apt. #, etc.
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01292005 Chg-P CR2E034 (10/03)

City & State Lakewood, Florida	City & State Lakewood, Florida
Zip 33467	Country US

4. FEI Number 04-3661786	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ENTERPRISE, BUSINESS 1489 W PALMETTO PARK RD 452 BOCA RATON, FL 33486	
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7. Name and Address of New Registered Agent Name: Penny Zarcadoolas Street Address (P.O. Box Number is Not Acceptable): 7516 greenville Circle City: Lakewood FL Zip Code: 33467	
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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: Penny Zarcadoolas DATE: 4-17-05  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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. Address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARCADOOLAS, PENNY 10209-10215 SOUTH BLVD ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zarcadoolas, Penny 7516 greenville Circle Lakewood, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Penny Zarcadoolas DATE: 4-17-05 561-523-0539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #