2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086989

FILED Jan 30, 2006 Secretary of State

Entity Name: IMAGES PRESENTATIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 18495 SOUTH DIXIE HWY., STE. 163 MIAMI, FL 33165 **Current Mailing Address: New Mailing Address:** 18495 SOUTH DIXIE HWY., STE. 163 MIAMI, FL 33165 FEI Number: 54-2078114 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: SIMEON, CARIDAD 19335 SW 129 AVE MIAMI, FL 33177 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: () Delete Title: (X) Change () Addition SIMEON, CARIDAD SIMEON, CARIDAD Name: Address:

Title: Name: 19335 SW 129 AVE 19335 SW 129 AVE Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33177 US

Title: () Delete Title: VΡ () Change (X) Addition VALENTINO, DIANA Name: Name:

Address: Address: 331 WEST 57TH STREET # 429 NEW YORK CITY, NY 10019 US City-St-Zip: City-St-Zip:

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.

Ρ SIGNATURE: CARIDAD SIMEON 01/30/2006