2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091206

Title:

Name:

Address:

City-St-Zip:

FILED Apr 12, 2006 Secretary of State

Entity Name: EVENTS MEDIA IMAGE GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 1301 N. RIVERSIDE DR., #7 75 ATLANTIC GROVE WAY POMPANO BEACH, FL 33062 DELRAY BEACH, FL 33444 **Current Mailing Address: New Mailing Address:** 14898 CRESCENT COVE DR FORT MYERS, FL 33908 FEI Number: 04-3708976 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: HARTMANIS, CAROL 14898 CRESCENT COVE DR FORT MYERS, FL 33908 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: () Delete Title: (X) Change () Addition HARTMANIS, CAROL HARTMANIS, CAROL Name: Name: 1301 N. RIVERSIDE DR., #7 14898 CRESCENT COVE DRIVE Address: Address: FORT MYERS, FL 33908 City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: VΡ (X) Delete Title: Title: () Change () Addition Name: GARBER, ELAYNE Name: 5265 NW 54TH STREET Address: Address: COCONUT CREEK, FL 33073 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition HARTMANS, ELENA HARTMANS, ELENA Name: Name: 1301 N. RIVERSIDE DR., #7 75 ATLANTIC GROVE WAY Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: DELRAY BEACH, FL 33444

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CAROL HARTMANIS VP 04/12/2006

(X) Delete

14898 CRESCENT COVE DR

FORT MYERS, FL 33908

HARTMANIS, CAROL

() Change () Addition