2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

ANNUAL KEPOKT					Jan 10, 200 / 00.00 A			
ÜĞOQ	MÊNT # P020001133			Se	ecretary	y of State		
1. Entity Name ADVERTISING IMAGES, INC.				ļ				
ADVERT	ioing manged, inc.							
Principal Plac	ce of Business	Mailing Address						
3147 SHORELINE DR. 3147 SHORELINE DR. CLEARWATER, FL 33760 CLEARWATER, FL 33760								
CLEARWATE	K, FL 33/00	CLEARWATER, FL 33760						
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	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb	per	The state of the s	Applied For	
-			·	36-451			Not Applicable	
•			. ; :	5. Certificate	of Status Desired		5 Additional equired	
	6. Name and Address of Current Re	gistered Agent	10.	t 7	and a second	· 4		
SEXTON,	ROBIN		x* 500	NOT M	مناطبة الأيران الرام (المرابع الأيران	•		
3147 SHÖRELINE DR.				ַ עַעַי	NOT W	KIIE	•	
CLEARWATER, FL 33760				· IN-	THIS SP	ACE	· ,	
			1 4 5 4 4 7 2 4 91		I so at attack to		n ar s	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo						rida. Lam familia	r with and accent	
	tions of registered agent.				,		. many and accept	
SIGNATURE.								
	Signature, typed or printed name of registered agent and	ITSE E ADDRESSES. (NOTE: Registere	d Agent signature required	when reinstating)	1	DATE		
	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees		1590347 180053-002	150.00	
10.	OFFICERS AND DI		T:		<u></u>	1,1 , 10,		
TITLE	PRES	LOTORS	•					
NAME	SEXTON, ROBIN L PRES		4 ***	2				
STREET ADDRESS CITY-ST-ZIP	3147 SHORELINE DR CLEARWATER, FL 33760		, est at later in the	at the property			1	
TITLE	VP			e e s _{as} se	est de la proposición de la compansión de La compansión de la compa	•		
NAME	SEXTON, MICHAEL T VP			y	and the same		,	
STREET ADDRESS CITY-ST-ZIP	3147 SHORELINE DR CLEARWATER, FL 33760		1 8m2 1 5	· * *	uer in literi	to the second		
TITLE	CLEARWATER, FL 33760		and the fire	SH .	and yes a pro-	Franklage (president)	· · ·	
NAME							*	
STREET ADDRESS			44, 45,	DO	NOTW	RITE		
TITLE			Single agrit.		المراجع والمحافظة المحافظة الم		.) أكار عي	
NAME			g	· III	THIS SF	ACE	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP							2	
TITLE					With the	r or a region of		
NAME				4. 1. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	* *	the state of		
STREET ADDRESS			الم الم			' , ,	•.	

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07

727-538-57

Deytime Phone i