2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# P03000057296

Entity Name: EXPRESSED IMAGE OF MARIANNA, INC.

Current Principal Place of Business:

2880 GREEN ST
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

PO BOX 840
MARIANNNA, FL 32447

New Mailing Address:

2880 GREEN ST
MARIANNNA, FL 32446

FEI Number: 56-2360151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELVIN, DAVID H
4428 LAFAYETTE ST
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: MELVIN, DAVID H
Address: 4428 LAFAYETTE ST
City-St-Zip: MARIANNA, FL 32446

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MELVIN, DAVID H
Address: 4428 LAFAYETTE ST
City-St-Zip: MARIANNA, FL 32446 US

Title: P ( ) Change (X) Addition
Name: MELVIN, BRYCE D
Address: 4646 THE OAKS DR
City-St-Zip: MARIANNA, FL 32446 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: BRYCE D. MELVIN P 02/02/2005

Electronic Signature of Signing Officer or Director — Date