

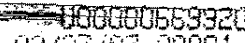



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000069737</b>		
1. Entity Name MEDIA IMPRESSIONS, INC.		
Principal Place of Business 2430 PERIWINKLE WAY SUITE B SANIBEL ISLAND, FL 33957		Mailing Address POST OFFICE BOX 716 SANIBEL, FL 33957
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01112007 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-0060002 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ARMENIA, JOHN 2430 PERIWINKLE WAY SUITE B SANIBEL ISLAND, FL 33957		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and (file if applicable) (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	 03/27/07-90091-007 150.00 <b>DO NOT WRITE IN THIS SPACE</b>
NAME	ARMENIA, JOHN	
STREET ADDRESS	2430 PERIWINKLE WAY #B	
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957	
TITLE	VSD	
NAME	ARMENIA, LUCY	
STREET ADDRESS	2430 PERIWINKLE WAY #B	
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957	
TITLE	STD	
NAME	ARMENIA, JOSEPH G	
STREET ADDRESS	2430 PERIWINKLE WAY #B	
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957	
TITLE	VD	
NAME	CALCIANO, ALFRED L	
STREET ADDRESS	2430 PERIWINKLE WAY #B	
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957	
TITLE	VD	
NAME	CLINE, KATHLEEN A	
STREET ADDRESS	2430 PERIWINKLE WAY #B	
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3-14-07</b> Daytime Phone # <b>239-395-9300</b>