2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 8:00 am Secretary of State 04-05-2007 90139 018 ***150.00

DOCUMENT # P03000087892 1. Entity Name IMAGE INTERNATIONAL INVESTMENTS INC.					04-03-2007	90139 018 ***13	0.00
Principal Place of Business 520 BRICKELL KEY DR, STE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DR, STE 0-305 MIAMI, FL 33131		•	•		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 65-1202			plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of	f Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	ddress of New F	Registered Agent	
TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131 TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DR STEPH CORPORATE ADMINISTRATION, INC. STEPH CORPORATE ADMINISTRA							
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/amiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed partie of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOWING FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.							
10.	OFFICERS AND		11.	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULER, FRANCISCO M 520 BRICKELL KEY DR, STE 0- MIAMI, FL 33131	☐ Delete 305	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Slerida Statutos	☐ Change	Addition

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

GNATURE:

GNATURE

SIGNATURE: