
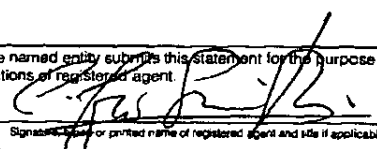
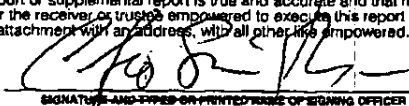


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/23

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90246 030 \*\*\*158.75

<b>DOCUMENT # P03000101378</b>					
1. Entity Name <b>ACCURATE IMAGES, INC.</b>					
Principal Place of Business <b>6689 N.W. 16TH TERRACE FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>6689 N.W. 16TH TERRACE FT. LAUDERDALE, FL 33309</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04212004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>20-0253043</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
<b>KENNEWDY, EUGENE M</b> <b>517 SOUTHWEST 1ST AVENUE</b> <b>FT. LAUDERDALE, FL 33301</b>					
7. Name and Address of New Registered Agent					
Name <b>LEO SMITH</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>6689 NW 16TH TERR.</b>					
City <b>FORT LAUDERDALE</b> FL Zip Code <b>33309</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 		PRESIDENT		4-20-04	
<small>Signature of or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, L. LEO		NAME	C. LEO SMITH	
STREET ADDRESS	6689 N.W. 16TH TERRACE		STREET ADDRESS	6689 NW 16TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY / TREAS. / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SUSAN ARCHER	
STREET ADDRESS			STREET ADDRESS	6689 NW 16TH TERR.	
CITY-ST-ZIP			CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 life empowered.					
SIGNATURE: 		PRESIDENT		4-20-04 954-978-9090	
<small>SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>Daytime Phone #</small>	

66420384

