

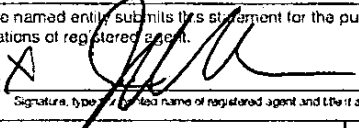
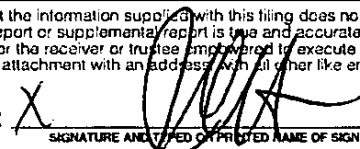


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90232 048 ***150.00

DOCUMENT # P03000123476 1. Entity Name IMAGE OUTFITTERS OF TAMPA, INC.					
Principal Place of Business 3331 W. MAIN STREET TAMPA, FL 33615 US			Mailing Address 2812 W. MARLIN AVENUE TAMPA, FL 33611 US		
2. Principal Place of Business 3331 W. Main St		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04192005 Chg-P CR2E034 (10/03)	
City & State Tampa, FL		City & State 		4. FEI Number 20-0634776	
Zip 33607		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JOHN 3031 W. HELEN AVENUE TAMPA, FL 33611			7. Name and Address of New Registered Agent Name Miller, John Street Address (P.O. Box Number is Not Acceptable) 3331 W. Main City Tampa FL Zip Code 33607		
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  DATE 4/19/05 <small>Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOHN 3031 W. HELEN AVENUE TAMPA, FL 33611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 like empowered.					
SIGNATURE:  DATE 4/19/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					