2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# P04000042145

Entity Name: S & S IMAGES, INC.

Current Principal Place of Business:

1699 SOUTH 14TH STREET, SUITE 15
AMELIA CROSSING
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

1699 SOUTH 14TH STREET, SUITE 15
AMELIA CROSSING
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 83-0387340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POOLE, WESLEY R
303 CENTRE STREET, SUITE 200
FERNANDINA BEACH, FL 32034 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: P/S ( ) Delete
Name: WILCOX, STEPHANIE L
Address: 1728 OELSNER DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VP/T ( ) Delete
Name: KING, SUSAN M
Address: 2075 MARLIN COURT
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: SH (X) Delete
Name: LEE, AMY T
Address: 75303 JOHNSON LAKE ROAD
City-St-Zip: YULEE, FL 32097 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: WILCOX, STEPHANIE L
Address: 95110 OELSNER DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILCOX STEPHANIE L P/S 01/06/2007

Electronic Signature of Signing Officer or Director Date