## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2005 8:00 am Secretary of State

DOCUMENT # P04000126811  1. Entity Name THE RIGHT IMAGE, INC.					Sort	04-06-2005 90098 022 ***150.00			
Principal Place of Business Mailing Address						4004787	Q		
1421 COURT STREET 1421 COURT STREET SUITE C SUITE C						4004701	J		
CLEARWATER, FL 33756 CLEARWATER, FL 33756							Lainin ilmin okoa anini ilmoa ilo		
Principal Place of Business     Mailing Address					_				
	tate R.S. 5-4	6123 State	RO.	54	)	43111 BIEJI 80:11 34JII 65151	:	82:      188;	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04022005	Chg-P	CR2E034 (10/03)		
City & State		City & State	0.		4. FEI Numbe	59780		plied For	
New 1	Country Country	New Port	Country				\$9.75	t Applicable	
3465	3 Pasco	34653	Pes			of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
SPINOWITZ, HARVEY J				Street Address (P.O. Box Number is Not Acceptable)					
1421 COURT STREET SUITE C				Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER, FL 33756									
				City			FL Zip Code	е	
B. The above	named entity submits this statement to	or the purpose of changing its	registered	d office or regi	stered agent, or bo	th, in the State of Flo	rida. I am familiar with,	and accept	
the obligations of egistered gards.									
Signature   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai Trust Fund Conti		sing (	55.00 May Be Added to Fees				
10.	OFFICERS AND		11.	1.4	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS  Change	S IN 11	
TITLE NAME		☐ Delete	TITLE NAME		IN LIGH Z	Spinos	:4: †2	Maniput Maniput	
STREET ADDRESS				T ADDRESS 3	980 20	Spinos fle care i rbur, FL	E. Dr.		
CITY-ST-ZIP		Delete	CITY-S	SI-ZIP G.	IRIM Ha	rbur, FL	Change	Addition	
NAME		□ Delete	NAME	l A	alph Sc	elici ilwood Dr.			
STREET ADDRESS			STREET CITY-S	T ADDRESS 2	602 Ga	ilwood Dr,	34655		
CITY+ST-ZIP		Delete	TITLE		lewport (	CIENEL LE	Change	Addition	
NAME		Delete	NAME			5010000		_	
STREET ADDRESS			STREE CITY-	T ADDRESS	980 Eag	Spinowi ILCOVE ( -bor, FL	∃. Dr.		
CITY-ST-ZIP		☐ Delete	TITLE	51-214	14/m H41	-bor, FL	<u> </u>	Addition	
NAME		L Delete	NAME	ļ			3-		
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CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE	ST-ZIP	· <del>-</del>		☐ Change	Addition	
TITLE NAME		L) Delete	NAME				۰۰۰۰۰۹۰ ب		
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	certify that the information supplied will be this report or supplies and report	th this filing does not qualify fo		ST-ZIP notion stated in	Section 119.07(3)	(i), Florida Statutes	I further certily that the i	ntormation "	
	com, mache anomaton supplied with				the same local offe	at ac if made under	noth: that I am an officer	or director	

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 he 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 recover of 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 attachine twith an address, with all other like empowered.

SIGNATURE:

Ha July J. Spinon

4/2/05

Daytime Phone #