2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P05000091163

Entity Name: IMAGE GROUP SERVICES, INC.

Current Principal Place of Business:

7901 NW 3RD STREET, B21,
203
PEMBROKE PINES, FL 33024

New Principal Place of Business:

7340 GARFIELD STREET
HOLLYWOOD, FL 33024

Current Mailing Address:

7901 NW 3RD STREET, B21,
203
PEMBROKE PINES, FL 33024

New Mailing Address:

7340 GARFIELD STREET
HOLLYWOOD, FL 33024

FEI Number: 20-3063898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALVA, JAVIER
7901 NW 3RD STREET, B21
203
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

ALVA, JAVIER
7340 GARFIELD STREET
203
HOLLYWOOD, FL 33024 US

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: JAVIER ALVA / OWN 04/29/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALVA, JAVIER
Address: 7901 NW 3RD STREET, B 21, #203
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP ( ) Delete
Name: MAGDE, CARLOS C
Address: 7901 NW 3RD STREET, B 21, #203
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S,T ( ) Delete
Name: MAGDE, MILAGROS
Address: 7901 NW 3RD STREET, B 21, #203
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALVA, JAVIER
Address: 7340 GARFIELD STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP (X) Change ( ) Addition
Name: MAGDE, CARLOS C
Address: 7340 GARFIELD STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: S,T (X) Change ( ) Addition
Name: MAGDE, MILAGROS
Address: 7340 GARFIELD STREET
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify 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: JAVIER ALVA DIRE 04/29/2007
Electronic Signature of Signing Officer or Director Date