2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005749

Entity Name: M THREE IMAGE, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1141 S. ROGERS CIRCLE 1060 HOLLAND DRIVE

SUITE 2 SUITE K

BOCA RATON, FL 33487 BOCA RATON, FL 33487 US

Current Mailing Address: New Mailing Address:

1060 HOLLAND DRIVE 1141 S. ROGERS CIRCLE

SUITE 2 SUITE K

BOCA RATON, FL 33487 BOCA RATON, FL 33487 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FACCIOLA, MICHELLE N FACCIOLA, MICHELLE N 1141 S. RÓGERS CIRCLE 1060 HOLLAND DRIVE

SUITE 2 SUITE K

BOCA RATON, FL 33487 US BOCA RATON, FL 33487 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: NAEEM MADY 04/29/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

BOCA RATON, FL 33487

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BOCA RATON, FL 33487

Title: () Delete Title: (X) Change () Addition

MADY, NAEEM H Name: Name: MADY, NAEEM H 1141 S. ROGERS CIRCLE 1060 HOLLAND DRIVE, SUITE K Address: Address:

City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487

VΡ Title: VΡ (X) Change () Addition Title: () Delete

Name: PAUL, STEINER M Name: PAUL, STEINER M

120 INTERSTATE N. PARKWAY 432 1060 HOLLAND DRIVE, SUITE K Address: Address: ATLANTA, GA 30339 BOCA RATON, FL 33487 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition TRFA () Delete TRFA FACCIOLA, MICHELLE N Name: FACCIOLA, MICHELLE N Name: 1141 S. ROGER CIRCLE 2 1060 HOLLAND DRIVE, SUITE K Address: Address: City-St-Zip:

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.

City-St-Zip:

Ρ SIGNATURE: NAEEM MADY 04/29/2008