


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90116 028 ***150.00

DOCUMENT # P06000033935	
1. Entity Name FRAMES & IMAGES, INC.	

Principal Place of Business 5621 US HWY 27 N SEBRING, FL 33870	Mailing Address 5621 US HWY 27 N SEBRING, FL 33870
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082007 Chg-P CR2E034 (12/06)

4. FEI Number 57-1231684	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HONIMAR, DIANA L 9200 COUNTY RD 635 SEBRING, FL 33875		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME STREET ADDRESS CITY-ST-ZIP	HONIMAR, STEVEN W 9200 COUNTY RD 635 SEBRING, FL 33875 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME STREET ADDRESS CITY-ST-ZIP	HONIMAR, DIANA L 9200 COUNTY RD 635 SEBRING, FL 33875 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	FERREIRA, BRIAN M 3812 PALAZZO ST SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME STREET ADDRESS CITY-ST-ZIP	FERREIRA, WINDY L 3812 PALAZZO ST SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Diana L Honimar* **1/8/07 863-382-6464**

Date Daytime Phone #

Diana L. Honimar