

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111282

Entity Name: IMAGE-N-MEDIA, INC.

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

14829 HORSESHOE TRACE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

14829 HORSESHOE TRACE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-5446654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORTET, EDWIN
14829 HORSESHOE TRACE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

HORTET, MARIA CRISTINA
14829 HORSESHOE TRACE
WELLINGTON, FL 33414 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: MARIA CRISTINA HORTET

01/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HORTET, MARIA CRISTINA
Address: 14829 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: HORTET, ANDRES
Address: 14829 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: HORTET, CAMILO
Address: 14829 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: HORTET, EDWIN
Address: 14829 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: ANTHONY, PATRICIA
Address: 14829 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: MARIA CRISTINA HORTET

PD

01/17/2009

Electronic Signature of Signing Officer or Director

Date