

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132423

FILED
Mar 29, 2009
Secretary of State

Entity Name: YOUR IMAGE MARKETING, INC.

Current Principal Place of Business:

2773 THORNBERRY CT.
DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

2773 THORNBERRY CT.
DELTONA, FL 32738 US

New Mailing Address:

FEI Number: 20-3745979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WACKER, CARL
2773 THORNBERRY CT.
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,T () Delete
Name: WACKER, CARL
Address: 2773 THORNBERRY CT.
City-St-Zip: DELTONA, FL 32738 US

Title: VP,S () Delete
Name: WACKER, PENNY
Address: 2773 THORNBERRY CT.
City-St-Zip: DELTONA, FL 32738 US

Title: D () Delete
Name: KILLORAN, SEAN
Address: 7067 CITRUS POINT CT
City-St-Zip: WINTER PARK, FL 32792 US

Title: D () Delete
Name: WACKER, ERIC
Address: 1235 GUINIVERE LN
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: KILLORAN, SEAN
Address: 2645 BLACKSTOCK
City-St-Zip: CUMMING, GA 30041 US

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: PENNY WACKER

VP,S

03/29/2009

Electronic Signature of Signing Officer or Director

Date