2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# P06000138122

Entity Name: IMAGEZONE OF FLORIDA, INC.

Current Principal Place of Business:

935 N BENEVA RD - STE 609-1
SARASOTA, FL 34232

New Principal Place of Business:

935 N BENEVA RD
STE 609-1
SARASOTA, FL 34232

Current Mailing Address:

935 N BENEVA RD - STE 609-1
SARASOTA, FL 34232

New Mailing Address:

935 N BENEVA RD
STE 609-1
SARASOTA, FL 34232

FEI Number: 20-5790726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHMAN, APRIL
935 N BENEVA RD - STE 609-1
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

CREECH, APRIL
935 N BENEVA RD - STE 609-1
SARASOTA, FL 34232 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: APRIL M CREECH 05/15/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FISHMAN, APRIL
Address: 935 N BENEVA RD - STE 609-1
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CREECH, APRIL
Address: 935 N BENEVA RD - STE 609-1
City-St-Zip: SARASOTA, FL 34232

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: APRIL M CREECH PD 05/15/2008
Electronic Signature of Signing Officer or Director Date