

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000022052

Entity Name: THE OFFICE IMAGE, INC.

FILED  
Nov 09, 2007  
Secretary of State

## Current Principal Place of Business:

28190 OLD 41 ROAD  
SUITE 101  
BONITA SPRINGS, FL 34135 US

## New Principal Place of Business:

## Current Mailing Address:

28190 OLD 41 ROAD  
SUITE 101  
BONITA SPRINGS, FL 34135 US

## New Mailing Address:

FEI Number: 65-0377788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EMENS, KAREN  
28190 OLD 41 ROAD  
SUITE 101  
BONITA SPRINGS, FL 34135 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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STEPHEN L. EMENS,  
Address: 331 LAGOON AVE  
City-St-Zip: NAPLES, FL 34108

Title: S/T ( ) Delete  
Name: KAREN EMENS,  
Address: 331 LAGOON AVE  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STEPHEN L. EMENS,  
Address: 28190 OLD 41 RD., SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S/T (X) Change ( ) Addition  
Name: KAREN EMENS,  
Address: 28190 OLD 41 RD., SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Change (X) Addition  
Name: BRIECHLE, NANCY  
Address: 28190 OLD 41 RD., SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

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: KAREN EMENS

S/T

11/09/2007

Electronic Signature of Signing Officer or Director

Date