


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90187 001 ***300.00

DOCUMENT # P93000077490 1. Entity Name IMAGE API, INC.	
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Principal Place of Business 2670 EXECUTIVE CENTER CIRCLE W TALLAHASSEE, FL 32301 US	Mailing Address 2670 EXECUTIVE CENTER CIRCLE W TALLAHASSEE, FL 32301 US
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02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2753915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRIFFITH, RICHARD S JR 2670 EXECUTIVE CENTER CIRCLE W TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GRIFFITH, RICHARD S JR. 2670 EXECUTIVE CENTER CIRCLE W TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EVANS, LOREE E 2670 EXECUTIVE CENTER CIRCLE W TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENJOR, PATRICK J 2670 EXECUTIVE CENTER CIRCLE W TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, CARRIE L 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, KRISTINE A 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05
Date

850.222.1400
Daytime Phone #