

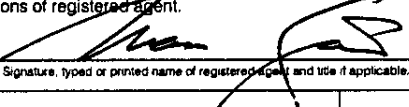



# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P95000027456</b> 1. Entity Name <b>IMAGE IMPRESSIONS INC.</b>						<b>FILED</b> <b>04 DEC -3 PM 1:10</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2081 SW 70TH AVE</b> <b>STE #H-14</b> <b>DAVIE, FL 33317 US</b>				Mailing Address <b>2081 SW 70TH AVE</b> <b>STE #H-14</b> <b>DAVIE, FL 33317 US</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>65-0570103</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LY, THOMPSON</b> <b>2081 SW 70TH AVE</b> <b>STE H-14</b> <b>DAVIE, FL 33317</b>				7. Name and Address of New Registered Agent Name <b>MAURO C. SANTOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>SANTOS &amp; COMPANY P.A.</b> <b>25 S.E. 2ND AVENUE #1235</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				MAURO C. SANTOS <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LU, MICHAEL</b> <b>2081 SW 70 AVE, H-14</b> <b>DAVIE, FL 33317</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400043168384</b> <b>12/03/04--01025--007 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CHENG, RUEY HSUNG</b> <b>2081 SW 70 AVE 11-14</b> <b>DAVIE, FL 33317</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CHENG, RUEY HSUNG</b> <b>2081 SW 70TH AVE H-14</b> <b>DAVIE, FL 33317</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11-24-2004 <small>Date</small>			
				305-594-5935 <small>Daytime Phone #</small>			