


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90098 023 ***158.75

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000095172			
1. Entity Name IMAGE PHOTO SERVICES, INC.			
Principal Place of Business 2085 NW 87TH AVE. MIAMI, FL 33172 US		Mailing Address 2085 NW 87TH AVE. MIAMI, FL 33172 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03062008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0644523		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	
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 <u>James P. Bowers, Assistant Secretary</u> DATE <u>3/25/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIES, BRYNLEY 2085 NW 87TH AVE. MIAMI, FL 33172 <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	COO CHAPPELL, ANDREW J 2085 NW 87TH AVE. MIAMI, FL 33172 <input checked="" 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>James P. Bowers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8/4/08</u> <small>Date</small>	