2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# P96000081620

Entity Name: GRAPHIC IMAGINATION, INC.

Current Principal Place of Business:

750 FLEET FINANCIAL CT
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

750 FLEET FINANCIAL CT
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3406411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIDDERS, AMY
5545 LIGUSTRUM LOOP
OVIEDO, FL 32765

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIDDERS, GARY JR
Address: 5545 LIGUSTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

Title: STD ( ) Delete
Name: SIDDERS, AMY
Address: 5545 LIGUSTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

Title: M (X) Delete
Name: COX, JOHN M
Address: 2709 WOODSIDE AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SIDDERS, GARY L JR
Address: 5545 LIGUSTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMY SIDDERS STD 04/15/2004

Electronic Signature of Signing Officer or Director — Date