2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000086272 07-19-2005 90039 032 ***150.00 THE IMAGE GROUP INTERNATIONAL CORPORATION Mailing Address Principal Place of Business 50056119 9718 SW 111 TERRACE 9718 SW 111 TERRACE MIAMI, FL 33176 MIAMI, FL 33176 No Chg-P CR2E034 (10/03) 01152005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0705863 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TOMASELLI, VIERI 9718 SW 111TH TERRACE MIAMI, FL 33176 ***** 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 1 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE TOMASELLI, VIERI NAME **9718 SW 111TH TERRACE** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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.

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

FILED Jul 19, 2005 8:00 am