2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000006338

1. Entity Name
IMAGE 2 INK, INC.

Principal Place of Business	Mailing Address
344 N. 11TH STREET	344 N. 11TH STREET
FLAGLER BEACH, FL 32136 US	FLAGLER BEACH, FL 32136 US

DO NOT WRITE IN THIS SPACE

01242008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0722309	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, ROBERT A ESQ
11133 ORANGE BLOSSOM LANE
BOCA RATON, FL 33428

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000738715
01/30/08-80040-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WIGGINS, SUSAN
STREET ADDRESS	344 NORTH 11TH ST.
CITY-ST-ZIP	FLAGLER BEACH, FL 32136

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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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: _Susan Wiggins_ SUSAN WIGGINS 1/24/08 (386)439-1277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT   Date   Daytime Phone #