

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000012462

Entity Name: THE IMAGE FACTORY, INC.

FILED  
Jan 12, 2005  
Secretary of State

## Current Principal Place of Business:

1500 SAN REMO AVE SUITE 249  
CORAL GABLES, FL 33146

## New Principal Place of Business:

3390 MARY STREET  
SUITE 250  
COCONUT GROVE, FL 33133

## Current Mailing Address:

1500 SAN REMO AVE SUITE 249  
CORAL GABLES, FL 33146

## New Mailing Address:

3390 MARY STREET  
SUITE 250  
COCONUT GROVE, FL 33133

FEI Number: 65-0811499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STRUMP, WALTER N  
1500 SAN REMO AVE SUITE 249  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

STRUMP, WALTER N  
3390 MARY STREET, SUITE 250  
COCONUT GROVE, FL 33133 US

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:

01/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STRUMP, WALTER N  
Address: 1500 SAN REMO AVE SUITE 249  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STRUMP, WALTER N  
Address: 3390 MARY STREET, SUITE 250  
City-St-Zip: COCONUT GROVE, FL 33133

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: WALTER N. STRUMP

P

01/12/2005

Electronic Signature of Signing Officer or Director

Date