

2004 FOR PROFIT CORPORATION ANNUAL REPORT


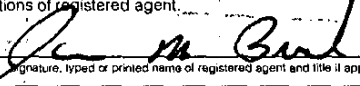

FILED
Jan 26, 2004 8:00 am
Secretary of State

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01202004 Chg-P CR2E034 (10/03)

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|---|--------------------------|---------------------------------|--|---|--|
| DOCUMENT # P99000070519 | | | |  | |
| 1. Entity Name IMAGE BUILDING SYSTEMS, INC. | | | | | |
| Principal Place of Business 2285 MARSH HARBOR AVE MERRITT ISLAND, FL 32952 | | | Mailing Address 2285 MARSH HARBOR AVE MERRITT ISLAND, FL 32952 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3589807 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUCK, JAMES M 2285 MARSH HARBOR AVE MERRITT ISLAND, FL 32952 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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:  JAMES M. BUCK DATE: 1-21-04 <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, 2004 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 | PS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUCK, JAMES M | | NAME | | |
| STREET ADDRESS | 2255 MARSH HARBOR AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUCK, MATTHEW D | | NAME | | |
| STREET ADDRESS | 2285 MARSH HARBOR AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUCK, JAMES M | | NAME | | |
| STREET ADDRESS | 118 BARNACLE PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32955 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DONALDSON, TED | | NAME | | |
| STREET ADDRESS | 120 ELDEON BLVD SE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BAY, FL 32909 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SANDERS, JIMMY R | | NAME | | |
| STREET ADDRESS | 120 ELDEON BLVD SE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BAY, FL 32909 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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. | | | | | |
| SIGNATURE:  JAMES M. BUCK | | | Date: 1-21-04 Daytime Phone # 321-288-7443 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |