


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90042 010 ***150.00

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FCI Number 59-3589807	
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		
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 <i>[Signature]</i> 1-30-06 <small>(NOTE: Registered Agent's signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY ST ZIP	PS BUCK, JAMES M 2255 MARSH HARBOR AVE MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D BUCK, MATTHEW D 2285 MARSH HARBOR AVE MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D RANSOM, THOMAS 2285 MARSH HARBOR AVE MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D CICIRELLI, DALE 6413 DANE AVE COCOA, FL 32927	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
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 another duly empowered.					
SIGNATURE: <i>[Signature]</i> 1-30-06 321 288-7443 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					