2006 FÓR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # P99000088008 1. Entity Name IMPERIAL FRAME GALLERY, INC. Principal Place of Business Mailing Address **B22 NORTHLAKE BLVD.** 822 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 03312006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0955329 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CAMILLI, JEAN ANN DO NOT WRITE 620 AUSTRALIAN CIRCLE LAKE PARK, FL 33403 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, typed or premed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE UHUHHH4893Q3 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 u4/18/06-80011-007 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CAMILI, JEAN A STREET ADDRESS. 822 NORTHLAKE BLVD CITY-ST-ZIP NORTH PALM BEACH, FL 33408 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ACCRESS DO NOT WRITE C)TY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIILE

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 legisl effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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 7)73 F NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>561.845.8068.</u>

FILED