

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

|                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P99000088008</b>                         |  |
| 1. Entity Name:<br><b>IMPERIAL FRAME GALLERY, INC.</b> |                                                                                   |

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>822 NORTHLAKE BLVD.<br/>NORTH PALM BEACH FL 33408</b> | Mailing Address<br><b>822 NORTHLAKE BLVD.<br/>NORTH PALM BEACH FL 33408</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

|                                                                                                 |                                                                                    |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1st MOORE                                                                                       | CR2E034 (10/07)                                                                    |
| 4. FEI Number<br><b>65-0955329</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                                    |

|                                                                          |  |
|--------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                          |  |
| <b>CAMILI, JEAN ANN<br/>620 AUSTRALIAN CIRCLE<br/>LAKE PARK FL 33403</b> |  |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title, as applicable. (If OFFER Registered Agent is required when registering)) DATE \_\_\_\_\_

|                                                                                                                                                 |                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                                       |                                 |
|----------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Delete |
| <b>P<br/>CAMILI, JEAN A<br/>822 NORTHLAKE BLVD<br/>NORTH PALM BEACH FL 33408</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>U000000802000<br/>02/01/08-80041-022 150.00</b>    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** J.A. Camilli **J.A. CAMILLI** 1/24/08 561-845-8068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Document Page #