### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P99000102467**

1. Entity Name

IMAGE DESIGN CARDS, INC.



Principal Place of Business

13046 87TH ST. NORTH WEST PALM BEACH, FL 33412 Mailing Address

13046 87TH ST. NORTH WEST PALM BEACH, FL 33412

# FILED Apr 30, 2007 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 
 04272007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 65-0964029
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

YETTITO, JUDITH A 13046 87TH ST. NORTH WEST PALM BEACH, FL 33412

## DO NOT WRITE 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   |   |  |        |                                |   |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00   |   | Election Campaign Financ<br>Trust Fund Contribution. | cing 🔲 | \$5.00 May Be<br>Added to Fees |   | - |
| 10.   | 10. OFFICERS AND DIRECTORS  |  |        |                                | 000000742159<br>05/15/07-80058-005 150.00 |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>YETTITO, JUDITH A<br>13046 -87TH ST N.<br>WEST PALM BEACH, FL 33412  |  |        |                                | 05/15/07-80058-005 150.00                 |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>YETTITO, VINCENT R<br>13046 -87TH ST N.<br>WEST PALM BEACH, FL 33412 |  |        |                                |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |        | DO                             | NOT WRITE                                 |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | _  |        | IN .                           | THIS SPACE                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | · .   |  |        |                                |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |        | <i>2</i> 13.                   |   |   |
| 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 attachrgent with an address, with all other like empowered. |   |  |        |                                |   |   |