2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am 8 Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P99000102467 **DOCUMENT #** 1. Entity Name 05-05-2003 91404 033 ***150.00 IMAGE DESIGN CARDS, INC. Mailing Address Principal Place of Business 13046 87TH ST. NORTH 13046 87TH ST. NORTH WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 65-0964029 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YETTITO, JUDITH A Street Address (P.O. Box Number is Not Acceptable) 13046 87TH ST. NORTH WEST PALM BEACH FL 33412 City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete YETTITO, JUDITH A NAME NAME STREET ADDRESS 13046 -87TH ST N. STREET ADDRESS WEST PALM BEACH FL 33412 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR YETTITO TITLE ☐ Delete TITLE DIRECTOR NAME NAME Vincentk STREET ADDRESS 13046-87+35+N. STREET ADDRESS West Palm Beach, FL 33412 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change ☐ Addition TITLE.

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

FILED