

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09637

Entity Name: IMAGEWORKS, INC.

FILED
Feb 10, 2008
Secretary of State

Current Principal Place of Business:

18911 COLLINS AVE. #802
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

18911 COLLINS AVENUE
#802
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

18911 COLLINS AVE. #802
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

18911 COLLINS AVENUE
#802
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 59-3048459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARDEN, WALLACE
8031 NW 14 STREET
DORAL, FL 33126 US

Name and Address of New Registered Agent:

GARDEN, WALLACE
18911 COLLINS AVENUE
#802
SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE:

02/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARDEN, WALLACE I,
Address: 8031 NW 14 STREET
City-St-Zip: DORAL, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARDEN, WALLACE,
Address: 18911 COLLINS AVENUE, #802
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE GARDEN

PD

02/10/2008

Electronic Signature of Signing Officer or Director

Date