

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V34037

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** IMAGE MAKER APPEARANCE SYSTEMS, INC.

**Current Principal Place of Business:**

8509 SUNSTATE ST.  
SUITE 100  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17759  
TAMPA, FL 33682 US

**New Mailing Address:**

**FEI Number:** 59-3118808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAYLE, DEBRA J  
1104 ALICIA AVE  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

GAYLE, DEBRA J  
5219 BON VIVANT DR  
215  
TAMPA, FL 33603 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: DEBRA GAYLE

Electronic Signature of Registered Agent

04/03/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: GAYLE, DEBRA J  
Address: 5219 BON VIVANT DR #215  
City-St-Zip: TAMPA, FL 33603 UN

I hereby 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 all other like empowered.

SIGNATURE: DEBRA GAYLE

Electronic Signature of Signing Officer or Director

PTS

04/03/2012

Date