2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # V53401 1. Entity Name 04-22-2004 90086 016 ***150 00 ACRYLIC IMAGES, INC. Principal Place of Business Mailing Address **2011 NW 29TH STREET** 2011 NW 29TH STREET OAKLAND PARK FL 33311 OAKLAND PARK FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0348578 Not Applicable Zip Country Zip Country _ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POTTER, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 2011=NW-29TH-STREET OAKLAND PARK FL 33311 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. I 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change __ Addition NAME POTTER, DONALD VINCENT J STREET ADDRESS 7527 SW 6TH CT STREET ADDRESS NORTH LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY_ST_7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-3/P

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

ED NAME OF SIGNIMA OFFICER OR

changed, or on an attachment with an address, with all other like empow

SIGNATURE: X

FILED