

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2005
Secretary of State**

DOCUMENT# F01000000036

Entity Name: IMAGEAMERICA, INC.

Current Principal Place of Business:

200 S HANLEY RD
SUITE 1050
SAINT LOUIS, MO 63105

New Principal Place of Business:

Current Mailing Address:

200 S HANLEY RD
SUITE 1050
SAINT LOUIS, MO 63105

New Mailing Address:

FEI Number: 43-1810355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS
103 NORTH MERIDIAN STREET, LOWER LEVEL
TALAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REECE, KEVIN
Address: 200 S HANLEY RD., SUITE 1050
City-St-Zip: SAINT LOUIS, MO 63105

Title: VPT () Delete
Name: MAHER, TOM
Address: 200 S HANLEY RD., SUITE 1050
City-St-Zip: SAINT LOUIS, MO 63105

Title: S () Delete
Name: O'HALLARON, MIKE
Address: 200 S HANLEY RD., SUITE 1050
City-St-Zip: SAINT LOUIS, MO 63105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS F. MAHER

VPT

03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date