

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005018

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: IMAGE RESOURCE GROUP, INC.

## Current Principal Place of Business:

3924 FOREST DRIVE  
COLUMBIA, SC 29204

## New Principal Place of Business:

9010 FARROW ROAD  
COLUMBIA, SC 29203

## Current Mailing Address:

3924 FOREST DRIVE  
COLUMBIA, SC 29204

## New Mailing Address:

9010 FARROW ROAD  
COLUMBIA, SC 29203

FEI Number: 58-2361446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAMBLE, TIMOTHY S  
3201 S. PORT ROYALE DR., #G  
FORT LAUDERDALE, FL 33308 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: GAMBLE, TIMOTHY S  
Address: 1011 IVY GREEN CIRCLE  
City-St-Zip: IRMO, SC 29063

Title: V ( ) Delete  
Name: RANDALL, TED  
Address: 515 NOTTINGHAM ROAD  
City-St-Zip: COLUMBIA, SC 29212

Title: VT ( ) Delete  
Name: HAYWARD, RICHARD E III  
Address: 2014 CEDARBROOK COURT  
City-St-Zip: COLUMBIA, SC 29212

Title: VS ( ) Delete  
Name: COOPER, MILES D  
Address: 7600 CHARLES FERRY DRIVE  
City-St-Zip: COLUMBIA, SC 29209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GAMBLE, TIMOTHY S  
Address: 40 LILLIFIELD DRIVE  
City-St-Zip: ELGIN, SC 29045

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 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: TIMOTHY S. GAMBLE

P

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date