

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005018

FILED
Feb 28, 2009
Secretary of State

Entity Name: IMAGE RESOURCE GROUP, INC.

Current Principal Place of Business:

9010 FARROW ROAD
COLUMBIA, SC 29203

New Principal Place of Business:

Current Mailing Address:

9010 FARROW ROAD
COLUMBIA, SC 29203

New Mailing Address:

FEI Number: 58-2361446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: 5 POCOSIN COURT
City-St-Zip: ELGIN, SC 29045

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

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 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

02/28/2009

Electronic Signature of Signing Officer or Director

_____ Date