


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # F95000001824 1. Entity Name IMAGE INK JET PRINTING CORPORATION	
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Principal Place of Business 1650 AIRPORT RD. KENNESAW, GA 30144	Mailing Address 1650 AIRPORT RD. KENNESAW, GA 30144
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DO NOT WRITE IN THIS SPACE

06302006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1734567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERBAGE, OMAR 9 RUE GASPARD MONGE 26500 BOURG LES VALENCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFORT, CHRISTIAN 9 RUE GASPARD MONGE 26500 BOURG LES VALENCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESROCHES, JACQUES 1650 AIRPORT RD KENNESAW, GA 30144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WAKEFORD, STEVE 1650 AIRPORT RD KENNESAW, GA 30144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000589726
07/12/06-80011-022 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ - CEO Date: 7/6/2006 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR