


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000001824
 1. Entity Name
IMAJE INK JET PRINTING CORPORATION



Principal Place of Business 1650 AIRPORT RD. KENNESAW, GA 30144	Mailing Address 1650 AIRPORT RD. KENNESAW, GA 30144
---	---

DO NOT WRITE IN THIS SPACE



01172007 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 \$150.00
After May 1, 2007 Fee will be \$550.00

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	

U00000606015
 01/30/07-80061-023 150.00

DO NOT WRITE 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: Steve Wakeford - STEVE WAKEFORD 1/17/07 (770) 421-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #