2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 19, 2005 08:00 AM Secretary of State

DOCUMENT # F9500001824 1. Entity Name IMAJE INK JET PRINTING CORPORATION					Secretar	y of State
Principal Plac 1650 AIRPO KENNESAW,	ORT RD.	Mailing Address 1650 AIRPORT RD. KENNESAW, GA 30144		- 1 100/1907 (1/10 39/01 1/19/1 1	EE!!! EB!!! BE!!! BB!!! BB!!! !!!!	RI JUNIU 1984) UNIOUE 15 IUUS
					Chg-P CR2E03	4 (10/03)
	OO NOT WRITE I	N THIS SPA	CE.	4. FEI Number 58-1734567		Applied For Not Applicable
enes este discussion	a little fact of the second of			5. Certificate of Status		8.75 Additional ee Required
6. Name and Address of Current Registered Agent				udda n galan y Mahalalalalalala		
1201 HAY	NTICE-HALL CORPORATION SYS 'S ST. SSEE, FL 32301		DO NO IN THIS	T WRITE S SPACE		
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 Signature, typed or printed name of registered agent and title II applicable (NOTE, Registered Agent signature required when releastating) DATE						
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		00 May Be d to Fees		
TITLE	OFFICERS AND DIRE	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	KERBAGE, OMAR 9 RUE GASPARD MONGE 26500 BOURG LES VALENCE,			01/3	100000185896 21/05-80034-1	002 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D LEFORT, CHRISTIAN 9 RUE GASPARD MONGE 26500 BOURG LES VALENCE,			and the second s		
TITLE NAME STREET ADDRESS	P DESROCHES, JACQUES 1650 AIRPORT RD		e e e e e e e e e e e e e e e e e e e	**************************************	de consideration de la service agrantia.	
CITY - ST-ZIP	KENNESAW, GA 30144		·····	DO NO	T WRITE	! •
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO — WAKEFORD, STEVE 1650 AIRPORT RD KENNESAW, GA 30144			IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				i i i i i i i i i i i i i i i i i i i		
of the cor	pertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empower or on an attachment with an address, with all	ind accurate and that my signat I to execute this report as requir	ure shall have the sa	me legal ettect as it mad	de under oath; that I am	an officer of director

JAN 12/2004 Date