

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065751

FILED
Apr 29, 2008
Secretary of State

Entity Name: IDEAL IMAGING INC.

Current Principal Place of Business:

7850 NW 146TH ST
SUITE 506
MIAMI LAKES, FL 33016

New Principal Place of Business:

3412 W 84TH STREET
SUITE 100
HIALEAH, FL 33018

Current Mailing Address:

7850 NW 146TH ST
SUITE 506
MIAMI LAKES, FL 33016

New Mailing Address:

3412 W 84TH STREET
SUITE 100
HIALEAH, FL 33018

FEI Number: 20-2846224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, ARMANDO A
7850 NW 146 STREET
SUITE 506
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

CAJELLA, ADA A
3412 W 84TH STREET
SUITE 100
HIALEAH, FL 33018 US

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: ADA CAJELLA

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CAMPBELL, CLAUDE C SR
Address: 2643 WEST TARPON DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: P () Delete
Name: VARGAS, ARMANDO
Address: 15704 NW 81ST COURT
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: URBIZU, ADA
Address: 3412 W 84TH STREET
City-St-Zip: HIALEAH, FL 33018

Title: P (X) Change () Addition
Name: CAJELLA, ADA
Address: 3412 W 84TH STREET
City-St-Zip: HIALEAH, FL 33018

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: ADA CAJELLA

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date