

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009600

FILED
Mar 17, 2010
Secretary of State

Entity Name: LCM IMAGING, INC.

Current Principal Place of Business:

1931 W. MARTIN LUTHER KING BLVD.
SUITE F
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1931 W. MARTIN LUTHER KING BLVD.
SUITE F
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3491669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUGG, JOSEPH W.N.
401 EAST JACKSON STREET
SUITE 1700
TAMPA, FL 33602 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: D
Name: MILLER, JOHN
Address: 607 W. MARTIN LUTHER KING BLVD., SUITE 103
City-St-Zip: TAMPA, FL 33603 US

Title: D
Name: STAVRINIDES, MICHALIS
Address: 607 W. MARTIN LUTHER KING BLVD., SUITE 103
City-St-Zip: TAMPA, FL 33603 US

Title: D
Name: SMARTT, PRYOR
Address: 607 W. MARTIN LUTHER KING BLVD., SUITE 103
City-St-Zip: TAMPA, FL 33603 US

Title: O
Name: GLOGAU, AMIR
Address: 607 W. MARTIN LUTHER KING BLVD., SUITE 103
City-St-Zip: TAMPA, FL 33603 US

Title: D
Name: STARKE, RICHARD
Address: 607 W. MARTIN LUTHER KING BLVD., SUITE 103
City-St-Zip: TAMPA, FL 33603

I hereby 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 all other like empowered.

SIGNATURE: AMIR GLOGAU

O

03/17/2010

Electronic Signature of Signing Officer or Director

_____ Date