


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000014899  
 1. Entity Name  
 3-D INSPECTION SYSTEMS, INC.



Principal Place of Business 3979 NORTHSIDE CIRCLE SUITE 1 FT MYERS, FL 33903	Mailing Address 3979 NORTHSIDE CIRCLE SUITE 1 FT MYERS, FL 33903
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0901317	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  
 ROBISON, LINDA R  
 6450 PINE AVE  
 SANIBEL, FL 33957

**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)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	P FOWLER, CARL 3979 NORTHSIDE CIRCLE, SUITE 1 FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUBBAGE, CHARLES 3979 NORTHSIDE CIRCLE, SUITE 1 FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOWLER, CATHERINE 3979 NORTHSIDE CIRCLE, SUITE 1 FORT MYERS, FL 33903
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000379478  
 01/10/06-80016-024 150.00

**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: *Carl Fowler* 1/5/05 239-052-0871x  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #