

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005974

FILED
Apr 28, 2005
Secretary of State

Entity Name: DMS IMAGING, INC.

Current Principal Place of Business:

2101 NORTH UNIVERSITY DRIVE
FARGO, ND 58102

New Principal Place of Business:

Current Mailing Address:

2101 NORTH UNIVERSITY DRIVE
FARGO, ND 58102

New Mailing Address:

FEI Number: 45-0386364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P () Delete
Name: CASNER, MARK
Address: 6160 QUINWOOD LANE NORTH #6219
City-St-Zip: PLYMOUTH, MN 55422

Title: V () Delete
Name: HOGE, CHARLES R
Address: 1948 ROSECREEK DR S
City-St-Zip: FARGO, ND 58104

Title: CSD () Delete
Name: MOLBERT, LAURIS N
Address: 4484 OAK CREEK DRIVE
City-St-Zip: FARGO, ND 58104

Title: T () Delete
Name: MOUG, KEVIN
Address: 715 HACKBERRY DR. S.
City-St-Zip: FARGO, ND 58104

Title: CEO () Delete
Name: SANDERS, WAYNE
Address: 3520 21ST STREET SOUTH
City-St-Zip: FARGO, ND 58104

Title: CFO () Delete
Name: DODA, MARK
Address: 282 44TH AVENUE SOUTH
City-St-Zip: MOORHEAD, MN 56560

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK DODA

Electronic Signature of Signing Officer or Director

CFO

04/28/2005

_____ Date