

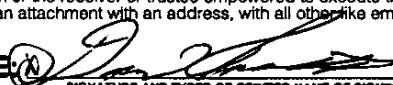


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90019 005 \*\*\*158.75

<b>DOCUMENT # F02000000291</b> 1. Entity Name <b>IMAGESOURCE OFFICE AUTOMATION, INC.</b>			
Principal Place of Business <b>3770 10TH STREET NE ST PETERSBURG, FL 33704</b>		Mailing Address <b>3770 10TH STREET NE ST PETERSBURG, FL 33704</b>	
2. Principal Place of Business <b>6543 46TH STN SUITE 1107 PINELLAS PARK FL</b>		3. Mailing Address <b>6543 46TH STN. SUITE 1107 PINELLAS PARK FL</b>	
City & State <b>33781 USA</b>		City & State <b>33781 USA</b>	
4. FEI Number <b>52-2220147</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FARNSWORTH, BARBARA 3770 10TH ST NE ST PETERSBURG, FL 33704</b>		7. Name and Address of New Registered Agent Name <b>R. GALE PORTER JR P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 E. KENNEDY BLVD SUITE 200</b> City <b>TAMPA</b> FL Zip Code <b>33602</b>	
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) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FARNSWORTH, DAVID 3770 10TH STREET NE ST PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DAVID FARNSWORTH 6543 46TH STN SUITE 1107 PINELLAS PARK FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		DAVID FARNSWORTH 5/11/06 727-656-4228	