03/09/2007 14:36 FAX 1234567890 C

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May 01, 2007 8:00 am
Secretary of State
05-01-2007 90013 042 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000000081

1. Entity Name
CLARITY IMAGING TECHNOLOGIES, INC.

400098000

Principal Place of Business	Mailing Address
1701 OPEN FIELD LOOP BRANDON, FL 33510-2097	70 LEETE ST. SPRINGFIELD, MA 01108

03092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1304 EMERALD HILL WAY	75 CADWELL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VALRICO, FL	City & State: SPRINGFIELD, MA 01104
Zip: 33594 Country:	Zip: 01104 Country: HAMPDEN

4. FEI Number: 06-1449576 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ANGELIA
1701 OPEN FIELD LOOP
BRANDON, FL 33510-2097

7. Name and Address of New Registered Agent

Name: ERICA CONNELL
Street Address (P.O. Box Number is Not Acceptable): 1304 EMERALD HILL WAY
City: VALRICO FL Zip Code: 33594

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: Erica Connell [redacted] DATE: 3/9/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACISAAC, DAVID 11 CABOT ST MILTON, MA 02186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGAN, JOSEPH 58 AMBERWOOD DR. WINCHESTER, MA 01890	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 3/20/07 781 890 1890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #