2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005932

Entity Name: SOUND TECHNOLOGIES IMAGING, INC.

FILED Feb 02, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5939 DARWIN CT., SUITE 101 CARLSBAD, CA 92008					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	VIN CT., SUITE D, CA 92008	E 101			
FEI Number:	33-0900627	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US					
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:					
	Electroni	c Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () ANTIN, ROBERT 12401 W. OLYM LOS ANGELES,	PIC BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ANTIN, ROBERT 12401 W. OLYM LOS ANGELES,	PIC BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCOO () ANTIN, ARTHUR 12401 W. OLYM LOS ANGELES,	PIC BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ANTIN, ARTHUR 12401 W. OLYM LOS ANGELES,	PIC BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () TAUBER, NEIL 12401 W. OLYM LOS ANGELES,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCFO () FULLER, TOMAS 12401 W. OLYM LOS ANGELES,	PIC BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TOMAS FULLER CFO 02/02/2006