2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002235

Entity Name: LARGE DOCUMENT IMAGING, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
3902 CORF TAMPA, FL	OREX DRIVE 33619	, SUITE 500				
Current Mailing Address:			New Mailing Address:			
3902 CORF TAMPA, FL	OREX DRIVE 33619	, SUITE 500				
FEI Number:	58-1715309	FEI Number Applied For ()	FEI Number Not Appl	icable () Certifica	ate of Status Desired()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
BUSH ROS 1801 NORT TAMPA, FL	H HIGHLAND					
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered office or r	egistered agent, or both,	
SIGNATUR	E:					
	Electroni	c Signature of Registered Agen	t	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SCHAUB, RICK	Delete EX DRIVE, SUITE 500 19	Title: Name: Address: City-St-Zip:	V (X) Change SCHAUB, RICK 3902 CORPOREX DRIVE TAMPA, FL 33619		
Title: Name: Address: City-St-Zip:	MORRISON, ST	EX DRIVE, SUITE 500	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	HOPPER, JEFF	Delete EX DRIVE, SUITE 500 19	Title: Name: Address: City-St-Zip:	PCC (X) Change HOPPER, JEFF 3902 CORPOREX DRIVE TAMPA, FL 33619		
Title: Name: Address: City-St-Zip:	BROWN, THOM	EX DRIVE, SUITE 500	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	BLANCHARD, R	EX DRIVE, SUITE 500	Title: Name: Address: City-St-Zip:	()Change(() Addition	

I hereby certify that the information supplied with this filing does not qualify 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: RICK SCHAUB VP 01/15/2009