

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58762

FILED  
Aug 25, 2008  
Secretary of State

Entity Name: COMPU-IMAGING, INC.

**Current Principal Place of Business:**

8880 NW 18TH TERRACE  
DORAL, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

8880 NW 18T TERRACE  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 59-2239015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VON TEUBER, CRAIG E  
8880 NW 18TH TERRACE  
DORAL, FL 33172 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: VP ( ) Delete  
Name: VON TEUBER, ANTHONY  
Address: P.O. BOX 2690  
City-St-Zip: CAMARILLO, CA 93011 US

Title: P ( ) Delete  
Name: VON TEUBER, CRAIG  
Address: 8880 NW 18TH TERRACE  
City-St-Zip: DORAL, FL 33172 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: CRAIG E VON TEURBER

P

08/25/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date