


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000001196	
1. Entity Name DYNAMIC IMAGING SYSTEMS, INC.	

Principal Place of Business EXECUTIVE COURT 2 EVES DRIVE SUITE 200 MARLTON, NJ 08053-3193 US	Mailing Address EXECUTIVE COURT 2 EVES DRIVE SUITE 200 MARLTON, NJ 08053-3193 US
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OK TO PROCEED
FILED
Feb 01 2007 08:00 AM
NOTW Secretary of State
CHANGE 70420-08
AMOUNT \$150.00
FLORIDA ANNUAL FILING



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3274418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 <u>N/A</u>	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000616483 02/07/07-80029-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLMES, LINDA EXECUTIVE CT 2 EVES DR SUITE 200 MARLTON, NJ 080533193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIGAN, PHYLLIS EXECUTIVE CT 2 EVES DR SUITE 200 MARLTON, NJ 080533193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ST JOHN, JEROME EXECUTIVE CT 2 EVES DR SUITE 200 MARLTON, NJ 080533193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASTON, ROBERT W EXECUTIVE CT 2 EVES DR SUITE 200 MARLTON, NJ 080533193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEAST, CYNTHIA EXECUTIVE CT 2 EVES DR SUITE 200 MARLTON, NJ 080533193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Robert W. Gaston</u>	1/3/2007	(856) 988-1545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #