




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90422 031 ***150.00

DOCUMENT # F99000003180 1. Entity Name DANKA IMAGING DISTRIBUTION, INC.					
Principal Place of Business 11101 ROOSEVELT BLVD. TAX DEPARTMENT SAINT PETERSBURG, FL 33716 US			Mailing Address 11101 ROOSEVELT BLVD. TAX DEPARTMENT SAINT PETERSBURG, FL 33716 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">40076844</div> 	
4. FEI Number 59-3407349				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02162006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V FOSTER, JEFFREY H 11101 ROOSEVELT BLVD. SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Edward K. Quibell 11101 Roosevelt Blvd. St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOOD, SANJAY 11101 ROOSEVELT BLVD. SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V James F. Anderson 11101 Roosevelt Blvd. St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WOOD, JEFF T 11101 ROOSEVELT BLVD. SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Debra A. Taylor 11101 Roosevelt Blvd. St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NELSEN, KEITH J 11101 ROOSEVELT BLVD. SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Michael C. Wedge 11101 Roosevelt Blvd. St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAVIS, TODD L 11101 ROOSEVELT BLVD. SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Douglas C. Pray 11101 Roosevelt Blvd. St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WOLFINGER, MARK F 11101 ROOSEVELT BLVD. SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Jeff T. Wood, Assistant Secretary 04/17/2006 (727) 622-6726		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		