

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H21692

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: DIGITAL DIAGNOSTIC CORPORATION

**Current Principal Place of Business:**

% C T CORPORATION SYSTEM  
1200 SO PINE ISLD RD  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

1020 SHERMAN AVENUE  
HAMDEN, CT 06514

**New Mailing Address:**

FEI Number: 59-2486265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PTD ( ) Delete  
Name: KEARNS, EDWARD  
Address: 46 MARLBOROUGH RD  
City-St-Zip: NORTH HAVEN, CT 06473

Title: VSD ( ) Delete  
Name: MOTYKA, JAMES  
Address: 12 FERN STREET  
City-St-Zip: GLASTONBURY, CT 06033

Title: D ( ) Delete  
Name: TRUMBLY, BETTYJO  
Address: 48 WADE ST  
City-St-Zip: WEST HAVEN, CT 06516

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: EDWARD G KEARNS

PTD

03/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date