


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # J34081 1. Entity Name BROADFIELD IMAGING CORPORATION	
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Principal Place of Business 824 PALMETTO AVE. MELBOURNE, FL 32901 US	Mailing Address 824 PALMETTO AVE. MELBOURNE, FL 32901 US
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**DO NOT WRITE IN THIS SPACE**



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1696065	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

TWIGG, CHRISTOPHER  
216 THIRD AVE.  
MELBOURNE BEACH, FL 32951

**DO NOT WRITE  
IN THIS SPACE**

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 refiling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TWIGG, CHRISTOPHER J. R. 216 THIRD AVE. MELBOURNE BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWIGG, JUDITH MARY 216 THIRD AVE. MELBOURNE BEACH, FL
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04/14/05-80092-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: J. M. TWIGG 2.28.05 321.951.2273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #