


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000008234</b> 1. Entity Name ACTIVE IMAGING, INC.	
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Principal Place of Business 3014 W WATERS AVENUE SUITE 106 TAMPA, FL 33614	Mailing Address C/O ANTONIO LEMUS CAA 108 MARCIA DRIVE ALTAMONTE SPRINGS, FL 32714
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**DO NOT WRITE IN THIS SPACE**

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0976389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

LEMUS, ANTONIO CPA  
108 MARCIA DRIVE  
ALTAMONTE SPRINGS, FL 32714

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POLLARD, JOY 12 HENLEAZE BUSINESS CENTER, HARBURY RD HENLEAZE BRISTOL, UK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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US04-00147891  
71-44-80122-023 150.00

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IN THIS SPACE**

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:** \_\_\_\_\_ *Antonio Lemus, 4/29/04* *407-869-6366*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Reg Agent & POA*