

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000041748

Entity Name: PRO IMAGE SOLUTIONS, INC.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

407 WEKIVA SPRINGS ROAD  
SUITE 245  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 916288  
LONGWOOD, FL 327916188 US

**New Mailing Address:**

FEI Number: 59-3643895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOEPKER, TODD M  
390 N ORANGE AVE, SUITE 1800  
ORLANDO, FL 32801 US

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

HOEPKER, TODD M  
55 E. PINE  
ORLANDO, FL 32802 US

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

01/05/2012

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GRAEBER, HENRY F  
Address: P.O. BOX 916288  
City-St-Zip: LONGWOOD, FL 327796188

Title: D  
Name: GRAEBER, CYNTHIA A  
Address: P.O. BOX 916288  
City-St-Zip: LONGWOOD, FL 327796188

I hereby 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 all other like empowered.

SIGNATURE: HENRY GRAEBER

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date