


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91156 050 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 000000 77998	
1. Entity Name OCTA IMAGES, INC.	


DO NOT WRITE IN THIS SPACE

11040801

2. Principal Place of Business 509 ROYAL WOOD COURT Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1662 Suite, Apt. #, etc.		4. FEI Number 65-0349889		Applied For <input checked="" type="checkbox"/> Not Applicable
City & State VALRICO, FL		City & State VALRICO, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33594	Country HILLSBOROUGH	Zip 33595	Country HILLSBOROUGH			

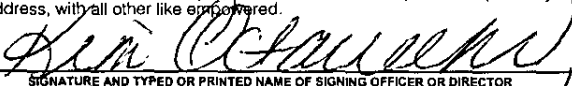
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name NICHOLAS C. OCTAVIANO	
	Street Address (P.O. Box Number is Not Acceptable) 509 ROYAL WOOD COURT	
	City VALRICO	Zip Code FL 33594

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.	VP 4/29/03 (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D NICHOLAS C. OCTAVIANO 509 ROYAL WOOD COURT VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KIMBERLY OCTAVIANO 509 ROYAL WOOD COURT VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	VP 4/29/03 Date Daytime Phone #

CR2E034B (12/02)