

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089079

Entity Name: AZANA IMAGING STUDIO, INC.

FILED
May 17, 2004
Secretary of State

Current Principal Place of Business:

2135 NEW VICTOR RD.
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2135 NEW VICTOR RD.
OCOE, FL 34761

New Mailing Address:

P.O. BOX 127
OCOE, FL 34761

FEI Number: 59-3668893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENJAMIN, LAUREN L
4938 W. COLONIAL DR., STE. D
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

BENJAMIN, LAUREN L
2135 NEW VICTOR RD.
OCOE, FL 34761 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:

05/17/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENJAMIN, LAUREN L
Address: 2135 NEW VICTOR RD.
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change () Addition
Name: BENJAMIN, LAUREN L
Address: 2135 NEW VICTOR RD.
City-St-Zip: OCOE, FL 34761

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: LAUREN L. BENJAMIN

MS.

05/17/2004

Electronic Signature of Signing Officer or Director

Date