2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-13-2007 90013 034 ***150.00 DOCUMENT # P01000009122 1. Entity Name NU WAVE IMAGING, INC. 40034717 Principal Place of Business Mailing Address 3612 RIVER ROAD 3612 RIVER ROAD VERNON, FL 32462 VERNON, FL 32462 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3703881 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PADGETT, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 3612 RIVER ROAD VERNON, FL 32462 City Zip Code 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 applicables (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE HILE ☐ Delete ☐ Change Addition PADGETT, RICHARD D 3612 RIVER ROAD STREET ADDRESS STREET ADDRESS VERNON, FL 32462 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE П Снапое Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZiP ☐ Addition THLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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

GRING OFFICER OR DIRECTOR

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