

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000005961

Entity Name: PRO IMAGING, INC.

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

472 SW FUGE RD  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

472 SW FUGE RD  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 02-0543326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOMBROWSKY, NORBERT  
472 SW FUGE RD  
STUART, FL 34997 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VSTD  
Name: DOMBROWSKY, EVA  
Address: 472 SW FUGE RD  
City-St-Zip: STUART, FL 34997

Title: PD  
Name: DOMBROWSKY, NORBERT  
Address: 472 S.W. FUGE RD  
City-St-Zip: STUART, FL 34997

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: EVA DOMBROWSKY

VP

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date