2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000060902

1. Entity Name
R & D IMAGES, INC.

Principal Place of Business	Mailing Address
3816 67TH ST CT E	3816 67TH ST CT E
BRADENTON, FL 34208	BRADENTON, FL 34208

DO NOT WRITE IN THIS SPACE

03302005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0709572	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGAL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000283448
04/01/05-80027-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PAULK, ROBIN L
STREET ADDRESS	3816 67TH ST CT E
CITY-ST-ZIP	BRADENTON, FL 34208

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robin Lynn Paulk* Robin Lynn Paulk   3-30-05 (727)823-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #