


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90291 050 ***150.00

DOCUMENT # P02000065274	
1. Entity Name WESTERN IMAGING, INC.	

Principal Place of Business 11337 OKEECHOBEE BLVD. SUITE A ROYAL PALM BEACH, FL 33411	Mailing Address 11337 OKEECHOBEE BLVD. SUITE A ROYAL PALM BEACH, FL 33411
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14012001



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
02-0618933

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUBER, JONATHAN S
11337 OKEECHOBEE BLVD.
ROYAL PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent

Name **KELLY A. CONROY**

Street Address (P.O. Box Number is Not Acceptable)
12798 W. FOREST HILL BLVD STE 301A

City **WELLINGTON** FL Zip Code **33414**

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 *Kelly A. Conroy* **KELLY A. CONROY 4/27/04**
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, 2004 Fee will be \$550.00	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 P	<input type="checkbox"/> Delete
NAME HUBER, JONATHAN S	
STREET ADDRESS 13855 GREENTREE TRAIL	
CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE V	<input type="checkbox"/> Delete
NAME KIRCHNER, THOMAS M	
STREET ADDRESS 17136 GULF PINE CIRCLE	
CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE V	<input type="checkbox"/> Delete
NAME BAUMEL, ERIC M	
STREET ADDRESS 14791 FARRIER PLACE	
CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 11337 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 11337 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 11337 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Eric Baumel* **4/28/04 561-795-9150**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ERIC BAUMEL