2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073894

City-St-Zip:

TAMPA, FL 33604

Entity Name: IME MEDICAL CORPORATION

FILED Jun 30, 2005 Secretary of State

| Current Principal Place of Business: | | New Principal Place of | New Principal Place of Business: | |
|---|-----------------------------|------------------------------------|--|--|
| 401-A W. WATERS AVE TAMPA, FL 33604 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 401-A W. WATERS AVE TAMPA, FL 33604 | | | | |
| FEI Number: 02-0629700 FEI | Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| IMEH, ALFRED 8031 MN OLA AVE TAMPA, FL 33604 US | | | | |
| The above named entity submining the State of Florida. | ts this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| In accordance with s. 607.193(2)(b) Election Campaign Financing Trust | | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: DPST () Delete Name: IMEH, ALFRED Address: 8031 MN OLA AVE | 3 | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

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: ALIMEH PRES 06/30/2005