2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# P02000073894

Entity Name: IME MEDICAL CORPORATION

Current Principal Place of Business:

401-A W. WATERS AVE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

401-A W. WATERS AVE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 02-0629700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IMEH, ALFRED
8031 MN OLA AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

IMEH, ALFRED
8031 N. OLA AVE
TAMPA, FL 33604 US

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: ALFRED IMEH 03/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: IMEH, ALFRED
Address: 8031 MN OLA AVE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: IMEH, ALFRED
Address: 8031 N. OLA AVE
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALFRED IMEH PRES 03/14/2009
Electronic Signature of Signing Officer or Director Date