

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081240

Entity Name: KEYS DIGITAL IMAGING, INC.

FILED  
Apr 22, 2004  
Secretary of State

## Current Principal Place of Business:

9643 PALM RIVER ROAD  
TAMPA, FL 33619

## New Principal Place of Business:

## Current Mailing Address:

907 CHIPAWAY DRIVE  
APOLLO BEACH, FL 33572

## New Mailing Address:

9643 PALM RIVER ROAD  
TAMPA, FL 33619

FEI Number: 37-1437599

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAMBLE, LEN  
907 CHIPAWAY DRIVE  
APOLLO BEACH, FL 33572

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: GAMBLE, LEN  
Address: 907 CHIPAWAY DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: VS ( ) Delete  
Name: SELVY, ROBERTA L  
Address: 907 CHIPAWAY DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LEN GAMBLE

PT

04/22/2004

Electronic Signature of Signing Officer or Director

Date