2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 24, 2007 8:00 am Secretary of State **DOCUMENT # P02000098056** 04-24-2007 90021 022 ***150.00 1. Entity Name PRISM IMAGE CORP. Principal Place of Business Mailing Address 21000 BOCA RIO ROAD, CUITE C-1 21000 BOCA RIO ROAD, CUITE C-1 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 02-0642015 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORGE HENKLE SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 ST 4TH FL MIAMI, FL 33145 21479 HAISTEAD DRIVE BOCG RATON of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity somits this statement for the purpose the obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ANAGENG DIFECTOR Change **PSTD** ☐ Delete TITLE TITLE 2 DE MARIA HENKIE HENKLE, JORGE L NAME NAME HOISTEAD DRIVE 21479 HALSTEAD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33428 COY-ST-7IP BOCA RATON, FL 33428 RATON, FL TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE TITLE Oelete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the loceiver 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 adoress, with all other like empowered.

FILED

ATTACHMENT 40079559

April 19, 2007

Florida Department of State Division of Corporations P.O Box 1500 Tallahassee, Fl 32302

-P02000098056

I, Luz De Maria Henkle, Managing Director of Prism Image Corp certify that my only residency address is 21479 Halstead Drive, Boca Raton, Fl 33428 and under oath, I give my word that no other address is available.

Luz De Maria Henkle 21479 Halstead Drive Boca Raton, Fl 33428