

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90036 049 ***150.00

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DOCUMENT # P02000109947 1. Entity Name PET IMAGE, INC.					
Principal Place of Business 142 SE 6 AVE DELRAY BEACH, FL 33483			Mailing Address 142 SE 6 AVE. DELRAY BEACH, FL 33483		
2. Principal Place of Business 5149 Pine Tree Dr		3. Mailing Address 5149 Pine Tree Dr			
Suite, Apt. #, etc. #		Suite, Apt. #, etc.			
City & State Delray Beach FL		City & State Delray Beach, FL		4. FEI Number 30-0122522	
Zip 33484		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOZZONE, DAIANA T 142 SE 6 AVE MIAMI, FL 33145			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 5149 Pine Tree Dr City Delray Beach FL Zip Code 33484		
8. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOZZONE, DAIANA T 142 SE 6 AVE DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5149 Pine Tree Dr Delray Beach FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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:			3-22-06 (56) 279 9300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		