

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122514

FILED
Feb 28, 2004
Secretary of State

Entity Name: INFO IMAGING SOLUTIONS, INC.

Current Principal Place of Business:

13304 WAGNER DRIVE
BAYONET POINT, FL 34667

New Principal Place of Business:

Current Mailing Address:

13304 WAGNER DRIVE
BAYONET POINT, FL 34667

New Mailing Address:

FEI Number: 30-0149368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEIL, PAULA S
13304 WAGNER DRIVE
BAYONET POINT, FL 34667

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: P () Delete
Name: O'NEIL, PAULA S
Address: 13304 WAGNER DRIVE
City-St-Zip: BAYONET POINT, FL 34667 US

Title: S () Delete
Name: O'NEIL, PATRICK A
Address: 13304 WAGNER DRIVE
City-St-Zip: BAYONET POINT, FL 34667 US

Title: T () Delete
Name: SMITH, HARRY E
Address: 9616 SOUTHWEST 33RD STREET
City-St-Zip: OKLAHOMA CITY, OK 73179

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: SMITH, SANDY L
Address: 9616 SOUTHWEST 33RD STREET
City-St-Zip: OKLAHOMA CITY, OK 73179

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: PAULA S. O'NEIL

P

02/28/2004

Electronic Signature of Signing Officer or Director

Date