



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90087 020 ***150.00

DOCUMENT # P03000004082					
1. Entity Name DIGITAL IMAGING SPECIALISTS INC.					
Principal Place of Business 1961 SE 178TH AVE SILVER SPRINGS, FL 34488			Mailing Address 1961 SE 178TH AVE SILVER SPRINGS, FL 34488		
2. Principal Place of Business 4150 East CR 466 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 245 Suite, Apt. #, etc.			
City & State Oxford FL		City & State Silver Springs, FL		4. FEI Number 050556734	
Zip 34484		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELD AHL, ROBERT G 1961 SE 178TH AVE SILVER SPRINGS, FL 34488			7. Name and Address of New Registered Agent Name: Bruce D. Sheldahl Street Address (P.O. Box Number is Not Acceptable): 4150 East CR 466 City: Oxford FL Zip Code: 34484		
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: <u>Bruce Sheldahl</u> <u>Bruce Sheldahl President</u> <u>4-22-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	V SHELD AHL, ROBERT G <input checked="" type="checkbox"/> Delete 1961 SE 178TH AVE SILVER SPRINGS, FL 34488		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bruce D. Sheldahl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4150 East CR 466 Oxford, FL 34484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHELD AHL, BRUCE D <input type="checkbox"/> Delete 5362 MUIRWOOD PLACE POWDER SPRINGS, GA 30127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Leesa S. Sheldahl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4150 East CR 466 Oxford, FL 34484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHELD AHL, LEESA S <input type="checkbox"/> Delete 5362 MUIRWOOD PLACE POWDER SPRINGS, GA 30127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Bruce Sheldahl</u> <u>Bruce Sheldahl</u> <u>4-22-04</u> <u>352-454-8470</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					