


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90083 011 ***150.00

DOCUMENT # P03000026281 1. Entity Name DYNAMIC COLOR IMAGING, INC.					
Principal Place of Business 2506 SUCCESS DRIVE ODESSA, FL 33556			Mailing Address 8416 CESSNA DRIVE NEW PORT RICHEY, FL 34654		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0157460	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637-2087			7. Name and Address of New Registered Agent Name WENDY CORLETT Street Address (P.O. Box Number is Not Acceptable) 202 CRYSTAL GROVE BLVD City LUTZ FL Zip Code 33548		
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 <i>Wendy Corlett</i> DATE 2/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D SPENCER, JAMES <input checked="" type="checkbox"/> Delete 9510 SUN ISLE DRIVE NE ST. PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HODGES, GAIL 8416 CESSNA DRIVE NEW PORT RICHEY, FL 34654	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HODGES, STEVE 8416 CESSNA DRIVE NEW PORT RICHEY, FL 34654		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTY/TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HODGES, STEVE 8416 CESSNA DRIVE NEW PORT RICHEY, FL 34654	
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: <i>Steve Hodges</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/11/05 <small>Daytime Phone #</small>		