2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076343

City-St-Zip:

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Title:

Name:

Address:

City-St-Zip:

FILED Apr 28, 2004 Secretary of State

Entity Name: INNOVATIVE IMAGING INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 11515 PROSPEROUS DR ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** 11515 PROSPEROUS DR ODESSA, FL 33556 FEI Number: 05-0587924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAYMOND, J. PAUL 625 CT ST. STE 200 CLEARWATER, FL 33756 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition AAGAARD, PAUL MAIOCCHI, DENNIS Name: Name: 11515 PROSPEROUS DR 11515 PROSPEROUS DR Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556 () Delete Title: Title: VPD () Change (X) Addition Name: Name: RONDEAU, JEFF 11515 PROSPEROUS DR Address: Address: ODESSA, FL 33556 City-St-Zip: City-St-Zip: Title: Title: () Delete CFO () Change (X) Addition AAGAARD, PEER Name: Name: 11515 PROSPEROUS DR Address Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ODESSA, FL 33556

11515 PROSPEROUS DR

AAGAARD, PAUL

ODESSA, FL 33556

() Change (X) Addition

SIGNATURE: PEER AAGAARD CFO 04/28/2004