


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90196 047 \*\*\*158.75

<b>DOCUMENT # P03000081553</b>	
1. Entity Name <b>FIRST CHOICE IMAGING, INC.</b>	

Principal Place of Business <b>1685 EAGLE HARBOR PKWY EAST ORANGE PARK, FL 32003</b>	Mailing Address <b>9191 TOWNE CENTRE DRIVE STE 400 SAN DIEGO, CA 92122</b>
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**60030328**



2. Principal Place of Business <b>5200 Davison Ave.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite B</b>	Suite, Apt. #, etc.

04262006 Chg-P CR2E034 (11/05)

City & State <b>Orlando FL</b>	City & State
Zip <b>32810</b>	Country <b>USA</b>

4. FEI Number <b>55-0848602</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO HULSEBUS, M. LEE 1685 EAGLE HARBOR PKWY EAST ORANGE PARK, FL 32003 <input checked="" 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	DP MUEHLBERG, ROBERT S 1685 EAGLE HARBOR PKWY EAST ORANGE PARK, FL 32003 <input checked="" 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	DCFO SEIBERT, ROSS 1685 EAGLE HARBOR PKWY EAST ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Seibert, Ross <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9191 Towne Centre Drive #400 San Diego, CA 92122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEIBERT, ROSS 1685 EAGLE HARBOR PKWY EAST ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADSWORTH, Ann <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9191 Towne Centre Drive #400 San Diego, CA 92122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arwine, Don <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9191 Towne Centre Drive #400 San Diego, CA 92122
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 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: 	<b>Ann WADSWORTH CAO</b>	Date <b>4/25/06</b>	Daytime Phone # <b>858-455-7127</b>
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