

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000008202

1. Entity Name  
MIDTECH IMAGING INC.



Principal Place of Business  
3989 S. TOM AVE  
INVERNESS, FL 34452

Mailing Address  
3989 S. TOM AVE  
INVERNESS, FL 34452

**FILED  
Jan 24, 2008 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2039268	Applied For Not Applicable
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MIDDLESWORTH, MYRA  
3989 S. TOM AVE  
INVERNESS, FL 34452

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MIDDLESWORTH, MYRA  
STREET ADDRESS 3989 S. TOM AVE  
CITY-ST-ZIP INVERNESS, FL 34452

TITLE V  
NAME HAMILTON, CAROL A  
STREET ADDRESS 3989 S. TOM AVE  
CITY-ST-ZIP INVERNESS, FL 34452

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000795339  
01/28/08-80043-009 150.00

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IN THIS SPACE**

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:** *✓ Myra Middlesworth*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓1/24/08

Date

✓352 560 7778

Daytime Phone #