

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101481

Entity Name: PRO LASER IMAGE, INC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

3625 ODOM DRIVE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

13364 MAUREEN AVE
SPRING HILL, FL 34609

Current Mailing Address:

3625 ODOM DRIVE
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 20-1354975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEIZO, CHRIS
3625 ODOM DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: GARGUILO, JOSEPH
Address: 13364 MAUREEN AVE
City-St-Zip: SPING HILL, FL 34609

Title: DVST () Delete
Name: MEIZO, CHRIS
Address: 3625 ODOM DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DV () Delete
Name: GARGUILO, ROBERT
Address: 4571 MITCHER RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DV () Delete
Name: ANFUSO, ERIC
Address: 3625 ODOM DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CHRIS MEIZO

DVST

04/26/2006

Electronic Signature of Signing Officer or Director

Date