

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000268

FILED
Feb 15, 2006
Secretary of State

Entity Name: SOUTHERN IMAGING ASSOCIATES, INC.

Current Principal Place of Business:

735 SW 148TH AVENUE
1707
SUNRISE, FL 33325

New Principal Place of Business:

PO BOX 268352
WESTON, FL 33326

Current Mailing Address:

735 SW 148TH AVENUE
1707
SUNRISE, FL 33325

New Mailing Address:

PO BOX 268352
WESTON, FL 33326

FEI Number: 20-2099396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYPPOLITE, IVAN
735 SW 148TH AVE
1707
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

HYPPOLITE, IVAN
PO BOX 268352
WESTON, FL 33326 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: IVAN HYPPOLITE

02/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HYPPOLITE, IVAN
Address: 735 SW 148TH AVENUE
City-St-Zip: SUNRISE, FL 33325 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HYPPOLITE, IVAN
Address: PO BOX 268352
City-St-Zip: WESTON, FL 33326 US

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: IVAN HYPPOLITE

PRES

02/15/2006

Electronic Signature of Signing Officer or Director

Date