2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000000268

FILED Dec 05, 2007 Secretary of State

Entity Name: SOUTHERN IMAGING ASSOCIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 268352 6736 N UNIVERSITY DR WESTON, FL 33326 TAMARAC, FL 33321 **Current Mailing Address: 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: Name and Address of New Registered Agent: HYPPOLITE, IVAN HYPPOLITE, IVAN PO BOX 268352 6736 N UNIVERSITY DR WESTON, FL 33326 US TAMARAC, FL 33321 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 12/05/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition HYPPOLITE, IVAN Name: Name: PO BOX 268352 Address: Address: City-St-Zip: WESTON, FL 33326 US City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: TERRY, SABU L CFO Address: Address: 7807 WEST COMMERCIAL BLVD TAMARAC, FL 33351 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 12/05/2007