2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# P05000000566

Entity Name: MOSAIC IMAGERY INCORPORATED

Current Principal Place of Business:

4710 W. IOWA AVE
TAMPA, FL 33616

New Principal Place of Business:

Current Mailing Address:

4710 W. IOWA AVE
TAMPA, FL 33616

New Mailing Address:

FEI Number: 20-2093355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIMMER & LAWSON ACCOUNTING SERV
2403 STATE STREETY
TAMPA, FL 33609 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SNEAD, RONALD B
Address: 7705 ALELLI DRIVE
City-St-Zip: TRINITY,, FL 34655

Title: VP ( ) Delete
Name: STRAUBEL, ALBERT
Address: 4710 W. IOWA AVE
City-St-Zip: TAMPA, FL 33616

Title: D ( ) Delete
Name: SNEAD, JEAN E
Address: 7705 ALELLI DRIVE
City-St-Zip: TRINITY, FL 34655

Title: D ( ) Delete
Name: STRAUBEL, SANDRA
Address: 4710 W. IOWA AVE
City-St-Zip: TAMPA, FL 33616

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: RONALD SNEAD P 09/05/2006

Electronic Signature of Signing Officer or Director Date