


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90033 035 \*\*\*150.00

<b>DOCUMENT # P05000037322</b>																																																																																																																																																					
<b>1. Entity Name</b> <b>GENIMAGING, INC.</b>																																																																																																																																																					
<b>Principal Place of Business</b> <b>31 VISTA GARDENS TRAIL</b> <b>#204</b> <b>VERO BEACH, FL 32962 US</b>			<b>Mailing Address</b> <del>2046 TREASURE COAST PLAZA</del> <del>#118</del> <del>VERO BEACH, FL 32960 US</del>																																																																																																																																																		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> <b>31 Vista Gardens Tr</b>																																																																																																																																																			
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b> <b>#204</b>																																																																																																																																																			
<b>City &amp; State</b>		<b>City &amp; State</b> <b>VERO BEACH FL</b>																																																																																																																																																			
<b>Zip</b>	<b>Country</b>	<b>Zip</b> <b>32962</b>	<b>Country</b>	<b>4. FEI Number</b> <b>30-0303846</b>																																																																																																																																																	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																																																	
<b>6. Name and Address of Current Registered Agent</b>  <b>MCMULLEN, PATRICK T</b> <b>31 VISTA GARDENS TRAIL</b> <b>#204</b> <b>VERO BEACH, FL 32962</b>			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <span style="float: right;"><b>FL</b> <b>Zip Code</b></span>																																																																																																																																																		
<b>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.</b>																																																																																																																																																					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;"><b>DATE</b></span>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>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.</b>																																																																																																																																																					
<b>SIGNATURE:</b> <u>PATRICK T. McMullen</u> <b>PATRICK T. McMullen</b> <u>04/10/07</u> <u>792-559-1223</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small> <small>Daytime Phone #</small></span>																																																																																																																																																					