

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000043989

Entity Name: E-CHOICE IMAGING, INC.

FILED
May 15, 2006
Secretary of State

Current Principal Place of Business:

6190 WILES RD SUITE 206
CORAL SPRINGS, FL 33067

New Principal Place of Business:

4221 W MCNAB RD, #26
POMPANO BEACH, FL 33069

Current Mailing Address:

6190 WILES RD SUITE 206
CORAL SPRINGS, FL 33067

New Mailing Address:

4221 W MCNAB RD, #26
POMPANO BEACH, FL 33069

FEI Number: 20-2567284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: ALMETES, EDWIGE
Address: 6190 WILES RD SUITE 206
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VSTD () Delete
Name: SALAMONE, JANICE
Address: 6190 WILES RD SUITE 206
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALMETES, EDWIGE
Address: 4221 W MCNAB RD, #26
City-St-Zip: POMPANO BEACH, FL 33069

Title: VSTD (X) Change () Addition
Name: SALAMONE, JANICE
Address: 4221 W MCNAB RD, #26
City-St-Zip: POMPANO BEACH, FL 33069

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: EDWIGE ALMETES

PD

05/15/2006

Electronic Signature of Signing Officer or Director

Date