2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065751

Entity Name: IDEAL IMAGING INC.

City-St-Zip:

MIAMI LAKES, FL 33016

FILED Jul 06, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	146TH ST SUI KES, FL 33016		7850 NW 146TH ST SUITE 506 MIAMI LAKES, FL 33		
Current N	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
7850 NW 146TH ST SUITE 506 MIAMI LAKES, FL 33016			7850 NW 146TH ST SUITE 506 MIAMI LAKES, FL 33		
FEI Number	: 20-2846224	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
7850 NW SUITE 506 MIAMI LAP The above in the State	KES, FL 33016 named entity se of Florida.		purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI		nic Signature of Registered A	ront	 Date	
	mpaign Financin	g Trust Fund Contribution ().	•		
OFFICER	S AND DIREC	IORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () CAMPBELL, CI 2643 WEST TA MIRAMAR, FL	RPON DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	P () VARGAS, ARM 15704 NW 81S		Title: Name: Address:	() Change () Addition	

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: ARMANDO VARGAS P 07/06/2007