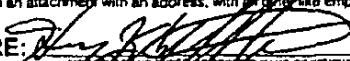


FILED
Jun 21, 2006 8:00 am
Secretary of State

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DOCUMENT # P05000090641				04-21-2006 90115 036 ***15	
1. Entity Name DITTO IMAGING, INC.					
Principal Place of Business 3445 ADRIAN AVE. NORTH LARGO, FL 33774		Mailing Address 3445 ADRIAN AVE. NORTH LARGO, FL 33774			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Country	
03042006		Chg-P		CR2E034 (11/05)	
4. FEI Number 20-3012513		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NIGHTINGALE, HENRY 3445 ADRIAN AVE. NORTH LARGO, FL 33774		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not Acceptable) City FL Zip Code			
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.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT HENRY NIGHTINGALE 3445 ADRIAN AVE. NORTH LARGO, FL 33774			☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete ☐ Change ☐ Addition		
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.					
SIGNATURE:  HENRY J. NIGHTINGALE 5/4/06 (727) 409-5391 Signature and typed or printed name of signing officer or director Date Daytime Phone #					