2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006
Secretary of State

DOCUMENT# P05000163740

Entity Name: RDI MOBILE IMAGING, INC.

Current Principal Place of Business:

6191 ORANGE DR
STE 6171
DAVIE, FL 33314

New Principal Place of Business:

6191 ORANGE DR
STE 4466
DAVIE, FL 33314

Current Mailing Address:

6191 ORANGE DR
STE 6171
DAVIE, FL 33314

New Mailing Address:

6191 ORANGE DR
STE 4466
DAVIE, FL 33314

FEI Number: 20-3973339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOPLOWITZ, BRUCE
6191 ORANGE DR
STE 6171
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

KOPLOWITZ, BRUCE
6191 ORANGE DR
STE 4466
DAVIE, FL 33314 US

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: BRUCE KOPLOWITZ 06/01/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KOPLOWITZ, BRUCE
Address: 6191 ORANGE DR - STE 6171
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete
Name: PAPPAS, ROBIN D
Address: 1910 N 50 AVE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KOPLOWITZ, BRUCE
Address: 6191 ORANGE DR - STE 4466
City-St-Zip: DAVIE, FL 33314

Title: D (X) Change ( ) Addition
Name: PAPPAS, ROBYN D
Address: 1910 N 50 AVE
City-St-Zip: HOLLYWOOD, FL 33021

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: BRUCE KOPLOWITZ D 06/01/2006
Electronic Signature of Signing Officer or Director Date