

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067527

FILED
Apr 30, 2008
Secretary of State

Entity Name: STRUCTURAL IMAGING SOLUTIONS INC.

Current Principal Place of Business:

501 KNIGHTS RUN AVE.
2203
TAMPA, FL 33602 US

New Principal Place of Business:

New Mailing Address:

Current Mailing Address:

10014 KINGSHYRE WAY
TAMPA, FL 33647 US

501 KNIGHTS RUN AVE.
2203
TAMPA, FL 33602 US

FEI Number: 84-1717163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELO, JANE N
501 KNIGHTS RUN AVE
2203
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SEC. () Delete
Name: DELO, JANE N
Address: 501 KNIGHTS RUN AVE.
City-St-Zip: TAMPA, FL 33602 US

Title: P () Delete
Name: MCDONALD, DAVE
Address: 4871 WALDEN CIRCLE
City-St-Zip: ORLANDO, F: 32811 US

Title: VP () Delete
Name: TROST, CHARLES
Address: 4630 S. KIRKMAN RD. #200
City-St-Zip: ORLANDO, FL 32811 US

Title: MAR () Delete
Name: BROWNE, HEATHER A
Address: 19 VILLAGE DR
City-St-Zip: MONTVILLE, NJ 07045 70

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DELO, JANE N MS.
Address: 501 KNOGHTS RUN AVE #2203
City-St-Zip: TAMPA, FL 33602 US

Title: () Change () Addition
Name:
Address:
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: JANE N. DELO

Electronic Signature of Signing Officer or Director

VPS

04/30/2008

Date