2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068722

P.O BOX 23873

JACKSONVILLE, FL 32241 US

Address: City-St-Zip:

Entity Name: ADVANCED MOBILE IMAGING IN

FILED Feb 27, 2008 Secretary of State

Entity Name: ADVANCED MOBILE IMAGING INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12551 WESTBERRY HIDEAWAY LANE JACKSONVILLE, FL 32223 US				12551 WESTBERRY HIDEAWAY LN JACKSONVILLE, FL 32223 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 23 JACKSON	3873 VILLE, FL 32241	US			
FEI Number:	13-4360751 F	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cur	rent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
HERNANDEZ, MEREDITH A PA 3617 CROWN POINT ROAD 10 JACKSONVILLE, FL 32257 US				HALL, LAURA R 12551 WESTBERRY HIDEAWAY LN JACKSONVILLE, FL 32223 US	
The above in the State		mits this statement for the pur	rpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: LAURA R HALL				02/27/2008	
	Electronic	Signature of Registered Agent	t	Date	
Election Carr	npaign Financing Tr	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De HALL, LAURA R RE P.O BOX 23873 JACKSONVILLE, F	ocs	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () De HALL, LAURA R RE P.O BOX 23873 JACKSONVILLE, F	ocs	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA () De		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LAURA R HALL P 02/27/2008