


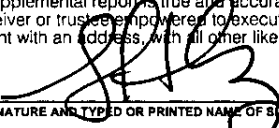


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90062 032 ***158.75

DOCUMENT # P07000097931					
1. Entity Name PREMIER IMAGING SOLUTIONS, INC.					
Principal Place of Business 20861 JOHNSON STREET BUILDING 103 PEMBROKE PINES, FL 33029			Mailing Address P.O. BOX 290895 DAVIE, FL 33329		
2. Principal Place of Business - No P.O. Box # 20861 Johnson Street		3. Mailing Address 20861 Johnson Street			
Suite, Apt. #, etc. Bldg. 104		Suite, Apt. #, etc. Bldg. 104		01112008 Chg-P CR2E034 (12/06)	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		4. FEI Number	
Zip Country 33029 USA		Zip Country 33029 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERNANDEZ, LORENA 20861 JOHNSON STREET BUILDING 103 PEMBROKE PINES, FL 33029			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  Lorena Hernandez			DATE 3/21/08		
(NOTE: Registered Agent signature required when reinstating)			FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		
9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	D,P HERNANDEZ, TYRONE 20861 JOHNSON STREET, BUILDING 103 PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP SANCHEZ, ELKIN 20861 JOHNSON STREET, BUILDING 103 PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S HERNANDEZ, LORENA 20861 JOHNSON STREET, BUILDING 103 PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEGHERASTEIN, RIANO 20861 JOHNSON STREET, BUILDING 103 PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Lorena Hernandez			DATE 3/21/08 (954) 689-2200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		