2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004140

Address:

City-St-Zip:

6129 HAYES ST

HOLLYWOOD, FL 33024

FILED Apr 29, 2008 Secretary of State

Entity Nar	me: PHOTON	I MOBILE DIAGNOSTICS, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
14350 SW MIAMI, FL	142 AVENUE 33186 US					
Current Mailing Address:			New Mailing Address:			
14350 SW MIAMI, FL	142 AVENUE 33186 US					
FEI Number:	65-0424779	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
10305 NW STE. 111	EAU, RALPH 41ST ST. L 33178 US		9360 S.W. SUITE 225	ROCHETEAU, RALPH 9360 S.W. 72ND ST. SUITE 225 MIAMI, FL 33173 US		
	named entity e of Florida.	submits this statement for the pu	urpose of changing it	ts registered	office or registered agent, or both,	
SIGNATUR	RE:			04/29/2008		
	Electron	nic Signature of Registered Ager	nt		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PDS (CABRERA, SE 17290 SW 192 MIAMI, FL 331	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROCHETEAU,	T ST., STE. 111	Title: Name: Address: City-St-Zip:	ROCHETEAU,	ND ST., SUITE 225	
Title: Name: Address: City-St-Zip:	VDS (SPOLIANSKY, 1722 VESTAL CORAL SPRIN	DRIVE	Title: Name: Address: City-St-Zip:	SPOLIANSKY	LL AVE., #501	
Title: Name:	VDS (KORDSMEIER) Delete , MICHAEL T	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: SERGIO F. CABRERA 04/29/2008 **PDS**