
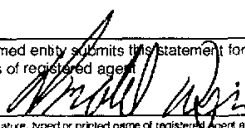



May 05.
Secr

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000069806				
1. Entity Name BIODERMETIQUES IMAGES INC.				
Principal Place of Business 2338 IMMOKALEE RD. #271 NAPLES, FL 33942-1445		Mailing Address 2338 IMMOKALEE RD. #271 NAPLES, FL 33942-1445		
DO NOT WRITE IN THIS SPACE			- % F 5 0 , , , , 2 5 4 , 2 F &	
			04302004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			4. FEI Number 65-0554919	
			Applied For Not Applicable	
6. Name and Address of Current Registered Agent WISER, DONALD 2338 IMMOKALEE RD #271 NAPLES, FL 33942			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			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  (NOTE: Registered Agent signature required when reconstituting) DATE	
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		000000156561 05/05/04-80082-006 150.00
10. OFFICERS AND DIRECTORS			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WISER, VIRGINIA 22655 ISLAND LAKES DRIVE ESTERO, FL 33928			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  VIRGINIA WISER			4/29/04 239-947-1108 Date Daytime Phone #	