2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State

DOCUMENT # P96000096024 1. Entity Name DIGITAL IMAGING SERVICES, INC.						03-14-2005 90104 009 ***150.00				
Principal Plac	e of Business		Mailing Address			1				
2774 SYDELLE ST			2774 SYDELLE ST			ŀ	4	Kans	EHAC	
SARASOTA, FL 34237			SARASOTA, FL 34237			50025742				
		•					DER BRITE STEIN ARTHUCKUM	ETHE INITERI		ILERI (J. 184)
2. Principal Place of Business			3. Mailing Address							
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			01132005	Chg-P	CR2E03	4 (10/03)	
City & State			City & State			4. FEI Number			ΙΔr	plied For
City & State			Only & State			65-0710	686			t Applicable
Zip	Zip Country		Zip Coul		try	5. Certificate of	Status Danizad		8.75 Add	ditional
						<u> </u>			ee Require	d
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
ZAMETZ, CHRIS F										
2774 SYDELLE ST SARASOTA, FL 34237						(P.Q. Box Number is Not Acceptable)				
SARASOT	,									
					City	— <u> </u>			Zip Cod	
					City			FL	2ip C00	
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 Signature. Road or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 S. Election Campaign Financing \$5.00 May Be Added to Fees								,		
10.		OFFICERS AND DIF	ECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	5 IN 11
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CITY-ST-ZIP	portify that the info	ation outself and Zista state	filing door not available for		-ST-ZIP	otion 110 07(3)(3)	Florida Statutos 1	further and	fu that the i	oformation.
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										

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 of trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

EAND TYPED OF SERVING OFFICER OR DIRECTOR

3/8/05

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