

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

411  
**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000096274</b> 1. Entity Name ALPHA IMAGING PRODUCTS & SERVICES, INC.	
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Principal Place of Business 3500 ALOMA AVE. D-1 WINTER PARK, FL 32792 US	Mailing Address 3500 ALOMA AVE. D-1 WINTER PARK, FL 32792 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3415484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GONZALEZ, JOSEPH  
12116 SHADOWBROOK LANE  
ORLANDO, FL 32828

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, JOSEPH 12116 SHADOWBROOK LANE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, GLORIA 12116 SHADOWBROOK LANE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/10/05-80008-018 150.00

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: Joseph Gonzalez Date: 3-8-05 Daytime Phone #: 407-671-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR