


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90032 041 \*\*\*158.75

<b>DOCUMENT # P97000002801</b>		
1. Entity Name U.S. IMAGING, INC.		

Principal Place of Business 475 SOUTH FIRST AVENUE BARTOW, FL 33830	Mailing Address 475 SOUTH FIRST AVENUE BARTOW, FL 33830
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

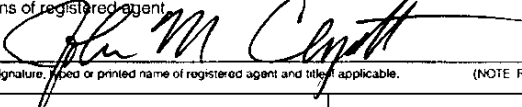


01082007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3426051	Applied For Not Applicable
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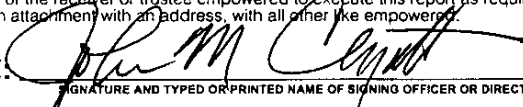
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CLYATT, JOHN M 475 SOUTH FIRST AVENUE BARTOW, FL 33830	
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7. Name and Address of New Registered Agent Name <u>CLYATT, JOHN M.</u> Street Address (P.O. Box Number is Not Acceptable) <u>507 POOL BRANCH ROAD</u> City <u>FT. MEADE</u> <u>FL</u> Zip Code <u>33841</u>	
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 <u></u>	DATE <u>1-23-07</u>

—FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLEARY, M P <input type="checkbox"/> Delete 109 MEADOWBROOK CIR DAYTONA BCH, FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CLYATT, JOHN M <input type="checkbox"/> Delete 6003 SOURWOOD WAY BARTOW, FL 33830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 507 POOL BRANCH ROAD FT. MEADE, FL 33841
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
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 empowerments.	
SIGNATURE <u></u>	DATE <u>1-23-07</u> DAYTIME PHONE # <u>863-533-9095</u>