

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028712

Entity Name: RAINA IMAGING, INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

13128 QUINCY BAY DR.
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

450.106 SR 13N 263
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3443108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SAMUEL N
13128 QUINCY BAY DRIVE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: SMITH, ROSANNA L
Address: 14286 19 BEACH BLVD STE 364
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: SMITH, SAMUEL N
Address: 14286 19 BEACH BLVD STE 364
City-St-Zip: JACKSONVILLE, FL 32250

Title: VPT () Delete
Name: PANKEY, KIMBERLY
Address: 124 IVY LAKES DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: PANKEY, STEVEN
Address: 124 IVY LAKES DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: P () Delete
Name: SMITH, ROSANNA L
Address: 13128 QUINCY BAY DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: SMITH, SAMUEL N
Address: 13128 QUINCY BAY DR
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: PANKEY, KIMBERLY
Address: 544 S. BRIDGE CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Change () Addition
Name: PANKEY, STEVEN
Address: 544 S. BRIDGE CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: KIMBERLY A. PANKEY

VPT

04/17/2006

Electronic Signature of Signing Officer or Director

Date