2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P97000028712

Entity Name: RAINA IMAGING, INC.

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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:	544 S. BRIDGE CREEK DR.	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	D	( ) Delete
Name:	PANKEY, STEVEN	
Address:	544 S. BRIDGE CREEK 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ROSANNA L. SMITH PRES 06/16/2009

Electronic Signature of Signing Officer or Director Date