

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096955

FILED
Jan 18, 2006
Secretary of State

Entity Name: PROFESSIONAL IMAGING CONSULTANTS, INC.

Current Principal Place of Business:

1049 WILLA SPRINGS DRIVE
SUITE 1051
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

1049 WILLA SPRINGS DRIVE
SUITE 1051
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 59-3479332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEJIAS, ED
1049 WILLA SPRINGS DR
SUITE 1051
WINTER SPRINGS, FL 32708 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: D () Delete
Name: RIVERA, VICTOR
Address: 1161 CARDINAL CREEK PL
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: CRESPO, MIGUEL
Address: 1177 CARDINAL CREEK PLACE
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RIVERA, VICTOR
Address: 1447 ARBITUS CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change () Addition
Name: CRESPO, MIGUEL
Address: 4604 OLD CARRIAGE TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: D () Change (X) Addition
Name: MEJIAS, EDWIN
Address: 5703 RED BUG LAKE RD # 310
City-St-Zip: WINTER SPRINGS, FL 32708

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: EDWIN MEJIAS

CFO

01/18/2006

Electronic Signature of Signing Officer or Director

_____ Date