2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

	000	UC	JEN	ΙT	#	P99	900)OC	21	397	73
_											

1. Entity Name INSHORE IMAGING, INC.



Principal Place of Business

14959 HAWKMOOR RUN CIRCLE ORLANDO, FL 32828 Mailing Address

14959 HAWKMOOR RUN CIRCLE ORLANDO, FL 32828



DO NOT WRITE IN THIS SPACE

03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3558627 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTH, J. TODD ESQ. 2699 LEE ROAD SUITE 120 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

			1					
	named entity submits this statement for the pilions of registered agent.	urpose of changing its	registered office o	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	rpt		
SIGNATURE	Signature, typed or printed name of registered agent and titls d	apphicable (NOTE	. Registered Agent signs	ture required when rematating)	DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees	U00000327484 04/25/05-80039-012 150.00			
10.	OFFICERS AND DIREC	TORS			<u> </u>			
TITLE Name Street address City-st-zip	D SNIDER, KEVIN W 14959 HAWKMOOR RUN CIRCLE ORŁANDO, FL 32828					:		
TITLE NAME Street Address City+St-Zip						- 3		
TITLE NAME Street address City - St-Zip				DO	NOT WRITE	,		
TITLE VAME Street Address City - St - Zip				IN THIS SPACE				
TITLE WANTE STREET ADDRESS								

14. 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:

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Ken Woude

Kevin W. Snider, VP 3-15-2005

321-231-2189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #