

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000028553 1. Entity Name DICAM SOLUTIONS, INC.	
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Principal Place of Business 20864 RAMITA TRAIL BOCA RATON, FL 33433	Mailing Address 20864 RAMITA TRAIL BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE



03042006	No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0909114	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JAWORSKI, THOMAS W
20864 RAMITA TRAIL
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPP, GERHARD 8033 DESMOND DR BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD JAWORSKI, THOMAS W 20864 RAMITA TRAIL BOCA RATON, FL 33433
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03/28/06-80005-005 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Thomas W. Jaworski, VP	03/06/2006 Date	561-809-7373 Daytime Phone #
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