2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 12, 2007 08:00 AM **DOCUMENT # P99000028553 Secretary of State** DICAM SOLUTIONS, INC. Principal Place of Business Mailing Address 20864 RAMITA TRAIL 20864 RAMITA TRAIL BOCA RATON, FL 33433 BOCA RATON, FL 33433 02042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0909114 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JAWORSKI, THOMAS W DO NOT WRITE 20864 RAMITA TRAIL **BOCA RATON, FL 33433** 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. Thomas W. Jaworski 02-03-2007 ed agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Feet OFFICERS AND DIRECTORS 10. TITLE PΩ LAPP, GERHARD NAME 8033 DESMOND DR STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH, FL 33437** U00000633890 02/21/07-80079-018 150.00 VTSD TITLE JAWORSKI, THOMAS W NAME 20864 RAMITA TRAIL STREET ADDRESS CITY+ST-ZIP BOCA RATON, FL 33433 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 eath; 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:

STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP

Thomas W. Jaworski, VP

NG OFFICER OR DESECTOR

02-03-2007

561-809-7373