

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074066

FILED
Apr 19, 2005
Secretary of State

Entity Name: AAGAARD IMAGING CONSULTANTS, INC.

Current Principal Place of Business:

11515 PROSPEROUS DR
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

11515 PROSPEROUS DR
ODESSA, FL 33556

New Mailing Address:

FEI Number: 54-2063597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756 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: PD () Delete
Name: AAGAARD, PAUL
Address: 109 DUNBAR AVENUE, UNIT C
City-St-Zip: OLDSMAR, FL 34677

Title: VSD () Delete
Name: AAGAARD, PEER
Address: 109 DUNBAR AVENUE, UNIT C
City-St-Zip: OLDSMAR, FL 34677

Title: SCM () Delete
Name: AAGAARD, VANESSA
Address: 11515 PROSPEROUS DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AAGAARD, VANESSA
Address: 11515 PROSPEROUS DRIVE
City-St-Zip: ODESSA, FL 33556

Title: VSD (X) Change () Addition
Name: AAGAARD, PEER
Address: 11515 PROSPEROUS DRIVE
City-St-Zip: ODESSA, FL 33556

Title: SCM (X) Change () Addition
Name: AAGAARD, PAUL
Address: 11515 PROSPEROUS DR
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VANESSA AAGAARD

PD

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date