2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State
03-27-2006 90259 049 ***150.00

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1. Entity Name
PHOTO CHEMICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
105 FOREST DR. KNIGHTDALE, NC 27545	105 FOREST DR. KNIGHTDALE, NC 27545

400350[illegible]

02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1173463
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SLAWTER, RICHARD E. JR.
11348 TEE TIME CIRCLE
NEW PORT RICHEY, FL 34654

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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 _____ 2-17-06
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

10. OFFICERS AND DIRECTORS

TITLE	~~S~~
NAME	~~DYKES, JEFFREY W.~~
STREET ADDRESS	~~105 FOREST DRIVE~~
CITY-ST-ZIP	~~KNIGHTDALE, NC~~
TITLE	~~President~~ / Treasurer
NAME	AVERETTE, PRESTON
STREET ADDRESS	105 FOREST DRIVE
CITY-ST-ZIP	KNIGHTDALE, NC
TITLE	Vice President / Secretary
NAME	Greg Wilson
STREET ADDRESS	105 Forest DR.
CITY-ST-ZIP	Knightdale, NC 27545
TITLE	Vice President Sales
NAME	John Sacks
STREET ADDRESS	105 Forest DR
CITY-ST-ZIP	Knightdale NC 27545
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: [signature] Preston Gray Averette 2-17-06 919-266-4463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #