2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000547

FILED Feb 15, 2009 Secretary of State

Entity Name: PROFESSIONAL PHOTOGRAPHERS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

22638 WESTBRIDGE CT. 14131 BARKWOOD ST ESTERO, FL 33928 FORT MYERS, FL 33905

Current Mailing Address: New Mailing Address:

22638 WESTBRIDGE CT. 14131 BARKWOOD ST ESTERO, FL 33928 FORT MYERS, FL 33905

FEI Number: 65-0457199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JODICE, JEFF 4020 SW 2ND PLACE US CAPE CORAL, FL 33914

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DVP () Delete (X) Change () Addition

CASTELLI, LORI NOCERA, CATHY Name: Name:

15320 MOON RAKER CT #205 Address: 419 SANTA BARBARA BLVD Address: City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: CAPE CORAL, FL 33991

Title: DS () Delete Title: DVP (X) Change () Addition ANDERSON, ROBERT Name: PARISH, RICHARD Name:

Address: 802 SE 34TH ST. Address: 1010 SE 18TH AVE City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33990

Title: DP () Delete Title: () Change () Addition

BUCHANAN, JAY Name: Name: 14131 BARKWOOD ST. Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip:

(X) Change () Addition Title: DVP () Delete Title: DS

Name: NOCERA, CATHY Name: TIMMONS, SARA 419 SANTA BARBARA BLVD Address: Address: 850 12TH AVE NW City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: NAPLES, F: 34120

Title: DVP () Delete Title: (X) Change () Addition

DEMEO, JOSEPH J DEMEO, JOSEPH J Name: Name: 22638 WESTBRIDGE CT. 22638 WESTBRIDGE CT Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J DEMEO DT 02/15/2009