

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045976

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** MORPHOTO, INC.

**Current Principal Place of Business:**

12345 W DIXIE HWY  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 530894  
MIAMI SHORES, FL 331530894

**New Mailing Address:**

**FEI Number:** 65-1113384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIPPINCOTT, JILLEN  
12345 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MORRIS, PAUL  
**Address:** P. O. BOX 530894  
**City-St-Zip:** MIAMI SHORES, FL 33153

**Title:** VD  
**Name:** LIPPINCOTT, JILLEN  
**Address:** 770 NE 75TH STREET  
**City-St-Zip:** MIAMI, FL 33138

I hereby 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 all other like empowered.

SIGNATURE: PAUL MORRIS

MANA

02/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date