

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018623

FILED
Apr 28, 2008
Secretary of State

Entity Name: NOCERA PHOTOGRAPHIC, INC.

Current Principal Place of Business:

419 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991

New Principal Place of Business:

419 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991 US

Current Mailing Address:

419 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991

New Mailing Address:

419 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991 US

FEI Number: 59-3766680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOCERA-SMITH, CHERILYN M
419 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

NOCERA-SMITH, CHERILYN
419 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991 US

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: CHERILYN NOCERA-SMITH

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOCERA-SMITH, CHERILYN ,
Address: 419 SANTA BARBAR BLVD
City-St-Zip: CAPE CORAL, FL 33991

Title: VP () Delete
Name: CATHERINE, NOCERA
Address: 419 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33991

Title: T () Delete
Name: PHOEBE, NOCERA
Address: 419 SANTA BARBAR BLVD
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOCERA-SMITH, CHERILYN ,
Address: 419 SANTA BARBAR BLVD
City-St-Zip: CAPE CORAL, FL 33991 US

Title: VP (X) Change () Addition
Name: CATHERINE, NOCERA
Address: 419 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33991 US

Title: T (X) Change () Addition
Name: PHOEBE, NOCERA
Address: 419 SANTA BARBAR BLVD
City-St-Zip: CAPE CORAL, FL 33991 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERILYN NOCERA-SMITH

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date