


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90080 004 \*\*\*150.00

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|  |   |  |   |
|--|---|--|---|
| DOCUMENT # P06000020597  |   |                             |   |
| 1. Entity Name<br>GHABBOUR PHOTOGRAPHY, INC.   |   |  |   |
| Principal Place of Business<br>8521 QUEEN BROOKS CT.<br>TAMPA, FL 33637 US   |   | Mailing Address<br>8521 QUEEN BROOKS CT.<br>TAMPA, FL 33637 US   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |
| X Suite, Apt. #, etc.<br>5148 CelloWood LN   |   | X Suite, Apt. #, etc.<br>5148 CelloWood LN   |   |
| X City & State<br>Wesley Chapel  |   | X City & State<br>Wesley Chapel  |   |
| X Zip<br>33543   |   | X Zip<br>33543   |   |
| Country  |   | Country  |   |
| 04112007   |   | Chg-P  |   |
| CR2E034 (12/06)  |   | Applied For  |   |
| 4. FEI Number<br>20-4273745  |   | Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent  |   |
| GHABBOUR, HABBY<br>8521 QUEEN BROOKS CT<br>TAMPA, FL 33637   |   | Name<br>Ghabbour, Habby  |   |
|  |   | Street Address (P.O. Box Number is Not Acceptable)   |   |
|  |   | X 5148 CelloWood LN  |   |
|  |   | X City<br>Wesley Chapel FL   |   |
|  |   | Zip Code<br>33543  |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |   |  |   |
| SIGNATURE, typed or printed name of registered agent and title if applicable.  |   | DATE   |   |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>GHABBOUR, HABBY<br>8521 QUEEN BROOKS CT<br>TAMPA, FL 33637 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>GHABBOUR, GHABBOUR R<br>1319 CALADESI DR.<br>ZEPHYRHILLS, FL 33543 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: X <i>Opunay Ghabbour</i>  |   | X 4/11/07  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date   |   |
|  |   | Daytime Phone #  |   |