


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000005674  
1. Entity Name  
OVER EXPOSURES, INC.



Principal Place of Business      Mailing Address  
545 GULL WING DRIVE      545 GULL WING DRIVE  
VERO BEACH, FL 32968      VERO BEACH, FL 32968

**DO NOT WRITE IN THIS SPACE**



02042004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-3437846      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MILLER, CARLA A  
545 GULL WING DRIVE  
VERO BEACH, FL 32968

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IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

U00000124472  
04/22/04-80046-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, CARLA A
STREET ADDRESS	545 GULL WING DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	D
NAME	MILLER, DONNA M
STREET ADDRESS	545 GULL WING DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donna M. Miller      4/16/04      234-8001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Donna M. Miller