2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P95000091272 1. Entity Name 1 HOUR PHOTO, INC. Principal Place of Business Mailing Address 1808 WEST INTERNATIONAL SPEEDWAY BLVD. 1808 WEST INTERNATIONAL SPEEDWAY BLVD. STE 205 STE 205 DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 02222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3353168 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIORE, LOUIS DO NOT WRITE C/O SPEEDWAY CUSTOM PHOTO LAB 1808 W. INT'L SPEEDWAY BLVD, #205 IN THIS SPACE DAYTONA BEACH, FL 32114 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. 21 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Recistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME FIORE, LOUIS STREET ADDRESS 1808 W. INT'L SPEEDWAY BLVD, #205 CITY-ST-ZIP DAYTONA BEACH, FL 32114 U00000526928 TITLE 05/04/08-80095-001 150.00 FIORE, MARJORIE J NAME STREET ADDRESS 1808 W. INT'L SPEEDWAY BLVD, #205 CITY-ST-ZIP DAYTONA BEACH, FL 32119 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR