


2006 FOR PROFIT CORPORATION REINSTATEMENT

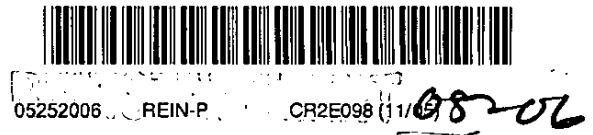
DOCUMENT # P97000061641	
1. Entity Name THOENNES PICTURES, INC.	

FILED
06 JUL -6 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

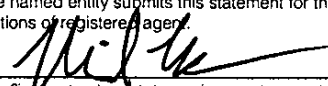
Principal Place of Business 17 N.W. 36TH STREET MIAMI, FL 33137	Mailing Address P.O. BOX 370730 MIAMI, FL 33137
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2. Principal Place of Business 17 N.W. 36TH STREET Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 370730 Suite, Apt. #, etc.
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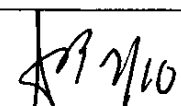

City & State MIAMI, FL 33137	City & State MIAMI, FL 33137
Zip 33137	Zip 33137
Country USA	Country USA

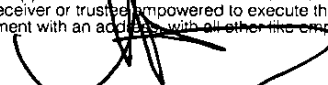


6. Name and Address of Current Registered Agent THOENNES, CLAUDIA 2655 COLLINS AVE. #701 MIAMI BEACH, FL 33140	
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7. Name and Address of New Registered Agent Name: Thoennes, Michael Street Address (P.O. Box Number is Not Acceptable): 2655 Collins Ave. #701 City: MIAMI BEACH FL Zip Code: 33140	
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:  Michael Thoennes, President	DATE: 6/29/06

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT THOENNES, MICHAEL 2655 COLLINS AVE. #701 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS THOENNES, CLAUDIA G 2655 COLLINS AVE. #701 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000077386850 07/12/06--01017--025 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000077386850 07/12/06--01017--026 ***8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  CLAUDIA THOENNES	Date: 6/29/06 (786) 269-3370