

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90020 035 \*\*\*150.00

50001166



01052005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 440269</b> 1. Entity Name <b>ED SLATER PHOTOGRAPHY, INC.</b>			
Principal Place of Business 3601 N.W. 75 TERR. LAUDERDALE, FL 33319 US		Mailing Address 3601 N.W. 75 TERR. LAUDERHILL, FL 33319 US	
2. Principal Place of Business <b>7924 EXETER BLVD. E.</b> Suite, Apt. #, etc.		3. Mailing Address <b>7924 EXETER BLVD. EAST</b> Suite, Apt. #, etc.	
City & State <b>TAMARAC</b> Zip <b>33321-9301</b> Country <b>US.</b>		City & State <b>FLORIDA</b> Zip <b>33321-9301</b> Country <b>US</b>	
4. FEI Number <b>59-1525885</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SLATER, JUDITH</b> <b>3601 N.W. 75 TERR</b> <b>LAUDERHILL, FL 33319</b>		7. Name and Address of New Registered Agent Name <b>SLATER, JUDITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>7924 EXETER BLVD. EAST</b> City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33321</b>	
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 <u><i>Judith Slater</i></u> DATE <u>1/5/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVD SLATER, (JUDITH) 3601 N.W. 75 TERR. LAUDERHILL, FL 00000, 32319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVD SLATER (JUDITH) 7924 EXETER BLVD. EAST TAMARAC, FL 33321
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Judith Slater</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/5/05</u> Daytime Phone # <u>(954) 722-0685</u>	