2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 494168

CREATIVE IMAGE PHOTOGRAPHY, INC.



FILED Feb 01, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4715 NW 9TH AVE

4715 NW 9TH AVE

FT LAUDERDALE, FL 33309

ET LAUDERDALE, FL 33309



DO NOT WRITE	IN TH	IS S	PACE
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CR2E034 (11/05) 01262006 No Chg-P

59-1656756

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANG, GERALD F., JR. 11750 NW 14 STREET PLANTATION, FL 33323

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	office or	registered agent, or	both, in the State of Florida. I am far	miliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered	Agent signatur	e required when reinstating)) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS			- '	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANG, JOHANNA H. 11750 NW 14TH STREET PLANTATION, FL			.= 	110nnnn415275	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANG, GERALD F., JR. 11750 NW 14 STREET PLANTATION, FL			.=4	02/11/06-80074-	014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	NOT WRITE	
NTLE NAME STREET ADDRESS CATY-ST-ZIP	_			ÎN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY -ST-ZIP					· · . · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS				• 		. t

12. I hereby certify that the information supplied with this filling 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:

OFFICER OR DIRECTOR

954-772-6696 Daytime Phone #