2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # 668253 1. Entity Name STECKLEY PHOTOGRAPHY, INC. Principal Place of Business. Mailing Address 6860 S.W. 75 TERR 6860 S.W. 75 TERR MIAMI, FL 33143 US MIAMI, FL 33143

a FILED (# are Jan 19, 2007 08:00 AN **Secretary of State**

No Chg-P 01152007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1998527 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STECKLEY, WILLIAM M DO NOT WRITE 6860 S.W. 75 TERR MIAMI, FL 33143 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. Signature, typed or crinted name of registered agent end title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE STECKLEY, WILLIAM M. NAME 6860 S.W. 75 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 TITLE U00000593889 STECKLEY, WILLIAM M. NAME. 01/22/07-80050-002 150.00 6860 S.W. 75 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 DILE NAME STREET ADDRESS DO NOT WRITE CITY -ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR

1-16-07

305-665-0216