

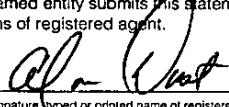
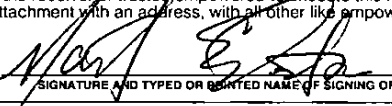


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 743058 1. Entity Name TALLAHASSEE PROFESSIONAL PHOTOGRAPHERS GUILD, INC.						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">05 JUL 18 AM 11:43</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business 4517 BOWFIN DRIVE TALLAHASSEE, FL 32303 US				Mailing Address 4517 BOWFIN DRIVE TALLAHASSEE, FL 32303 US			
2. Principal Place of Business 477 Scotland Rd Suite, Apt. #, etc.				3. Mailing Address 477 Scotland Rd Suite, Apt. #, etc.			
City & State Havana, FL				City & State Havana, FL			
Zip 32333		Country USA		Zip 32333		Country USA	
6. Name and Address of Current Registered Agent EGGLESTON, DAVID 4517 BOWFIN DRIVE TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Dust, Alan Street Address (P.O. Box Number is Not Acceptable) 477 Scotland Road City Havana FL Zip Code 32333			
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  7-18-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME EGGLESTON, DAVID STREET ADDRESS 4517 BOWFIN DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete			TITLE P NAME Alan Dust, Alan STREET ADDRESS 477 Scotland Rd CITY-ST-ZIP Havana, FL 32333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME DUST, ALAN STREET ADDRESS 477 SCOTLAND ROAD CITY-ST-ZIP HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete			TITLE VP NAME Strickland, Joan STREET ADDRESS 500 Mackay Road CITY-ST-ZIP Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME STRICKLAND, JOAN STREET ADDRESS 500 MACKAY ROAD CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			<div style="text-align: center;"> 900058534389 08/12/05--01050--012 **70.00 </div>			
TITLE S NAME EGGLESTON, MARGARET STREET ADDRESS 4517 BOWFIN DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D NAME JARMON, DARRYL STREET ADDRESS 129 BEAUFORD ROAD CITY-ST-ZIP HAVANA, FL 32333	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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 617, 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:  Margaret Eggleston 7/18/05 570-4797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							