2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# F02000000507

Entity Name: THE PICTURE PEOPLE INC.

Current Principal Place of Business:

1157 TRITON DRIVE, SUITE B
FOSTER CITY, CA 94404

New Principal Place of Business:

Current Mailing Address:

1157 TRITON DRIVE, SUITE B
FOSTER CITY, CA 94404

New Mailing Address:

FEI Number: 77-0149366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	WELCH, JERRY R	
Address:	525 S SYDBURY LN	
City-St-Zip:	WYNNEWOOD, PA 19096	
Title:	P	( ) Delete
Name:	MASSON, CHARLIE M	
Address:	200 EAST 84 ST 8E	
City-St-Zip:	NEW YORK, NY 10028	
Title:	CFO	( ) Delete
Name:	KOLLAR, JEROME M	
Address:	4606 AVENUE LONGCHAMPS	
City-St-Zip:	LUTZ, FL 33558	
Title:	V	(X) Delete
Name:	RAWSON, JEFFREY	
Address:	1157 TRITON DRIVE, SUITE B	
City-St-Zip:	FOSTER CITY, CA 94404	
Title:	VPF	(X) Delete
Name:	BAKER, DOUG	
Address:	1157 TRITON DRIVE, STE B	
City-St-Zip:	FOSTER CITY, CA 94404	
Title:	VP	(X) Delete
Name:	BELLOTI, JACK	
Address:	1157 TRITON DRIVE, SUITE B	
City-St-Zip:	FOSTER CITY, CA 94404	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME A KOLLAR DR 03/06/2007

Electronic Signature of Signing Officer or Director — Date