## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F02000001941 1. Entity Name PORTRAIT BROKERS OF AMERICA, INC. Principal Place of Business 36-B CHURCH STREET BIRMINGHAM, AL 35213 BIRMINGHAM, AL 35213 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent MCNEIL, BEVERLY B

## FILED Apr 16, 2007 08:00 AN Secretary of State



| 03292007      | No Chg-P | CR2E034 (11/05) |        |  |  |  |
|---------------|----------|-----------------|--------|--|--|--|
| 4. FEI Number |          | Applie          | d For  |  |  |  |
| 63-1088720    |          | Not Ap          | plicab |  |  |  |

| , and the same  |   |  |                        | 5. Certificate                        | of Status Desired                          |               | .75 Additional<br>Required |  |  |
|---|---|--|------------------------|---------------------------------------|--|---------------|----------------------------|--|--|
| 6. Name and Address of Current Registered Agent   |   |  |                        |                                       |  |               |                            |  |  |
| MCNEIL, BEVERLY B 36062 EMERALD COAST PKWY. DESTIN, FL 32541  |   |  |                        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | NOT WI                                     | 18. 1. 18. 8. |                            |  |  |
| 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 printed name of registered agent and title if       | applicable. (NOTE: Registere   | d Agent signature requ | red when reinstaling)                 |  | DATE          | <u> </u>                   |  |  |
| <del></del>   |   |  | სიიბაი                 |                                       |  | 1121          |                            |  |  |
|   | E NOW!!! FEE IS \$150.00<br>by 1, 2007 Fee will be \$550.00             | <ol> <li>Election Campaign Finar<br/>Trust Fund Contribution.</li> </ol> |                        | 5.00 May Be<br>dded to Fees           | <u> </u>                                   | 070-012       | 150.00                     |  |  |
| 10.   | OFFICERS AND DIREC  | TORS   |                        |                                       | 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18 | Maria Series  |                            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | C<br>MCNEIL, BEVERLY B<br>13390 U.S. HWY 98 W<br>DESTIN, FL 32541       |  |                        |                                       |  |               | nd Salaharan               |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>BRUNSTAD, MARGARET H<br>36-B CHURCH STREET<br>BIRMINGHAM, AL 35213 |  |                        |                                       |  |               |                            |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VP<br>WALKER, MARJORIE S<br>36-B CHURCH STREET<br>BIRMINGHAM, AL 35213  |  |                        | DO                                    | NOT W                                      | RITE          |                            |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | S<br>ARENDALL, JANE<br>36-B CHURCH STREET<br>BIRMINGHAM, AL 35213       |  |                        | IN                                    | THIS SP                                    | ACE           |                            |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                        |                                       |  |               |                            |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP   |   | •  |                        |                                       |  |               |                            |  |  |
|   | <u> </u>  |  |                        |                                       | <del></del>                                | <del></del>   | <del></del>                |  |  |

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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:

BNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #