2008 FOR PROFIT CORPORATION . ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State DOCUMENT # F03000001917 FOTO-FONE, INC. Principal Place of Business Mailing Address 50 STILES RD. 791 WYE ROAD SALEM, NH 03079 **AKRON, OH 44333** No Chg-P CR2E034 (11/05) 04282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0400263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000942394 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CEO TiTLE MEYERSON, ANDREW NAME 5100 S CLEVE 318387 STREET ADDRESS CITY-SI-ZIP FORT MYERS, FL 33907 TITLE FRENCH, KRISTEN NAME STREET ADDRESS 791 WYE ROAD CITY-ST-ZIP **AKRON, OH 44333** TITLE NAME STREET ADDRESS DO NOT WRITE C.TY - ST-ZIP Table IN THIS SPACE NAME. STREET ADDRESS CITY-ST-ZIP THILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Inclicated 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:

| Comparison 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 the corporation or the receiver or trustee empowered.

12. Thereby 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

CITY - ST-ZIP