2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# F06123

Entity Name: 60 MINUTE PHOTO DEVELOPING CENTER NORTH, INC.

Current Principal Place of Business:

4275 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409

New Principal Place of Business:

4275 OKEECHOBEE BLVD
SUITE G
WEST PALM BEACH, FL 33409

Current Mailing Address:

4275 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409

New Mailing Address:

4275 OKEECHOBEE BLVD
SUITE G
WEST PALM BEACH, FL 33409

FEI Number: 59-2045859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHINGS, HAROLD S VP
4275 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

HUTCHINGS, HAROLD S VP
4275 OKEECHOBEE BLVD
SUITE G
WEST PALM BEACH, FL 33409 US

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: HAROLD S HUTCHINGS 04/21/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HUTCHINGS, JAMES R DP
Address: 4275 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DS ( ) Delete
Name: HUTCHINGS, HELEN S DS
Address: 4275 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DVP ( ) Delete
Name: HUTCHINGS, HAROLD S DVP
Address: 4275 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DVP ( ) Delete
Name: HUTCHINGS, JAMES JR R
Address: 4275 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

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:

I hereby certify that the information supplied with this filing does not qualify 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: HAROLD S HUTCHINGS DVP 04/21/2008
Electronic Signature of Signing Officer or Director Date