May 29, 2002 8:00 ams Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H25168 1. Entity Name QUALITY FAST PHOTO, INC. 05-29-2002 90683 047 ***550.00 Principal Place of Business Mailing Address 2126 SADLER RD 2126 SADLER RD FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 US 2. Principal Place of Business 16 B31 DO NOT WRITE IN THIS SPACE ORNA EXNANDINA City & State 4. FEI Number Applied For 59-2463668 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired *32035* Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRUGH, JAMES A. 423 PINOY ISC. DRIVE Street Address (P.O. Box Number is Not Acceptable) 2120 SADLER RD FERNANDINA BEACH FL 32034 City Zin Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete CR2E034 (9/01) TITLE Change ☐ Addition NAME PRUGH, JAMES A. NAME STREET ADDRESS 423 PINEY ISL DR STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME PRUGH, CHERYL LYNN NAME STREET ADDRESS 423 PINEY ISL DR STREET ADDRESS CITY-ST-7IP FERNANDINA BEACH FL CITY-ST-ZIP TITLE Delete Change TITLE Addition NAME PRUGH, WENDY L. NAME STREET ADDRESS 1543 ALLIGATOR CREEK RD STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: