2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# H49974

Entity Name: MICHAEL PHOTOGRAPHY, INC.

Current Principal Place of Business:

% BARBARA A.LEWIS
2480 N STATE RD 7
MARGATE, FL 33063

New Principal Place of Business:

6555 POWERLINE RD
SUITE 405
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6555 POWERLINE RD STE 105
FORT LAUDERDALE, FL 33309

New Mailing Address:

PO BOX 5032
DEERFIELD BEACH, FL 33442

FEI Number: 59-2538423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, BARBARA R.
235 SOUTH ST. RD 7
MARGATE, FL 33068 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: PVP ( ) Delete
Name: LEWIS, BARBARA A.,
Address: 235 S. SR 7
City-St-Zip: MARGATE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change ( ) Addition
Name: LEWIS, BARBARA A.,
Address: 6550 N POWERLINE RD SUITE 405
City-St-Zip: FT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA LEWIS PRES 04/21/2004

Electronic Signature of Signing Officer or Director — Date