2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \mathcal{K}

Mar 09, 2006 8:00 am Secretary of State DOCUMENT #H91648 1. Entity Name 03-09-2006 90160 005 ***150.00 PHOTO ADVERTISING INDUSTRIES INC. Principal Place of Business Mailing Address 262-S COCONUT LANE C/O RICHARD DROMSKY MAIMIBEACH, FL 33139 US 262 S COCONUT LN MIAMHBEACH, FL 33139 2. Principal Place of Business 651 NW 29 3. Mailing Address 651 NW 03012006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For PLANTATION PLANTATION 59-2617373 Not Applicable Country S A \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD L DRONSKY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 262 S COCONUT LANE MIAMI BEACH, FL 33139 PLANTATION 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Ρ TITLE DRONSKY, RICHARD L. ☐ Delete TITLE DRONSKY, RICHARD L. NAME NAME 651 NW' 89 Ave 262/S OCONUTION STREET ADDRESS STREET ADDRESS PLANTATION, MAM BEACH, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 12. I hereby 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 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.

FILED