


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K27365</b> 1. Entity Name COLLECTOR HISTORICAL PRINTS, INC.	
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Principal Place of Business 211 S GUNLOCK AVE TAMPA, FL 33609 US	Mailing Address P. O. BOX 18661 TAMPA, FL 33679-8661 US
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01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2895879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  REEVES, RICHARD W 3107 1/2 N JULIA CIR. TAMPA, FL 33629	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000603780 01/29/07-80028-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REEVES, RICHARD W., JR. 211 GUNLOCK AVE., SOUTH TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REEVES, RICHARD W. 3107 1/2 N JULIA CIR. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REEVES, JUDITH C 3107 1/2 N JULIA CIR. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REEVES, CHERYL J 211 GUNLOCK AVE SOUTH TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** Richard W. REEVES JR. 1-19-07 (813)877-9334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #