


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90044 021 ***158.75

DOCUMENT # M25100	
1. Entity Name COMPLETE PICTURES, INC.	

Principal Place of Business 420 7TH ST. NW STE. 1122 STE. 1122 WASHINGTON DC 20004 US	Mailing Address 420 7TH ST. NW STE. 1122 STE. 1122 WASHINGTON DC 20004 US
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2. Principal Place of Business - No P.O. Box # 1535 SE 17th Street	3. Mailing Address 1535 SE 17th Street
Suite, Apt. #, etc. Suite B-206	Suite, Apt. #, etc. Suite B-206
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33316	Country US

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2622116		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ACCT. & BUSINESS CONSULTANTS, LLC. 1535 SE 17TH STREET SUITE B-206 FORT LAUDERDALE FL 33316		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City FL Zip Code		

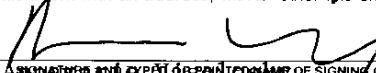
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, RUSSELL K. 420 7TH STREET, NW., STE. 1122 WASHINGTON DC 20004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Williams, Russell K. 214 1/2 S. Jefferson Street Lewisburg, WV 24901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VISCLOSKEY, ANNAMARIE 420 7TH STREET, NW., STE 1122 WASHINGTON DC 20004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Visclosky, Annamarie 214 1/2 S. Jefferson Street Lewisburg, WV 24901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Sec./Treas.** **2/28/07**
Annamarie Visclosky
954-462-6045 or 304-645-6864
Daytime Phone #