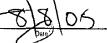
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 16, 2005 8:00 am Secretary of State DOCUMENT # M75919 08-16-2005 90038 007 ***150.00 UNIVERSITY PHOTOGRAPHY, INC. Mailing Address Principal Place of Business 50061794 % JAMES H. PARKER P.O. BOX 2454 TUSCALOOSA, AL 35403 P.O. 80X 14018 GAINESVILLE, FL 32604 No Chg-P CR2E034 (10/03) 01052005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2594422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARKER, JAMES H DO NOT WRITE 619 S. MAIN ST. SUITE #G IN THIS SPACE GAINESVILLE, FL 32601 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME LIMMROTH, GARY W 2819 6TH ST STREET ADDRESS TUSCALOOSA, AL CITY-ST-ZIP D TITLE PARKER, II, JAMES H NAME 21 20TH PL E STREET ADDRESS CITY-ST-ZIP TUSCALOOSA, AL TIT: C NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. 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, Flurther 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED