2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 14, 2007 08:00 AM DOCUMENT # M97742 **Secretary of State** BUNI PHOTOGRAPHY, INC. Principal Place of Business Mailing Address 1248 FLORIDA AVE. 1248 FLORIDA AVE. PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suito. Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & State City & State 59-2904906 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PONTRELLO, WM. G. 619 CHESTNUT ST. Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE. TITLE Change ☐ Delete ZUBALY, MARGARET R 1248 FLORIDA AVE. STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIE CITY-ST-7IP -020 150.00 TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7F CHY+S1-7IP Delete ШŒ ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP THILE □ Delete 1016 ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY - ST- 7IP ☐ Change Addition ☐ Delete THEF TITLE NAME NAME STREET ADDRESS STRELL ADDRESS CITY-ST-ZIP CHY-ST-ZIP MILE Change Addition ☐ Delete HILL NAME NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 logal effect as if made under eath; 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 or an attachment with an address, with all other like empowered.

MAPLY TIC. 3-11-07 (727)-784-1633