

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011236

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PHOTOS FOR A CURE, INC.

## Current Principal Place of Business:

3500 FAIRLANE FARMS ROAD  
SUITE 10  
WELLINGTON, FL 33414 US

## New Principal Place of Business:

12794 WEST FOREST HILL BLVD  
SUITE 32  
WELLINGTON, FL 33414 US

## Current Mailing Address:

1245 CANYON WAY  
WELLINGTON, FL 33414 US

## New Mailing Address:

FEI Number: 74-3209104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KANE PHOTOGRAPHY  
3500 FAIRLANE FARMS ROAD  
SUITE 10  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

KANE PHOTOGRAPHY  
12794 WEST FOREST HILL BLVD  
SUITE 32  
WELLINGTON, FL 33414 US

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.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: KANE, GARY M  
Address: 1245 CANYON WAY  
City-St-Zip: WELLINGTON, FL 33414 US

Title: P ( ) Delete  
Name: KANE, CARRIE J  
Address: 1245 CANYON WAY  
City-St-Zip: WELLINGTON, FL 33414 US

Title: D ( ) Delete  
Name: DIEKMANN, MADELYN  
Address: 11519 BARONWOOD CT  
City-St-Zip: HUDSON, FL 34667 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY KANE

V

04/29/2009

Electronic Signature of Signing Officer or Director

Date