

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33791

FILED
Apr 05, 2006
Secretary of State

Entity Name: PALM BEACH PHOTOGRAPHIC CENTRE, INC.

Current Principal Place of Business:

55 N.E. 2ND AVE
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

55 N. E. 2ND AVE.
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 59-2801420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEJAME, FATIMA
55 N.E. 2ND AVE.
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEJAME, ARTHUR
Address: 6525 SOUTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: GREENE, MICHAEL
Address: 222 LAKEVIEW AVE., STE. 400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: MCVAY, JAN
Address: 2341 NW 66TH DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: P () Delete
Name: BROWN, CHRISTOPHER J
Address: 218 N.W. 9TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: NEWBURGH, STEVEN SLOANE
Address: 415 32ND STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S () Delete
Name: DEITS, KATIE
Address: 2751 SOUTH DIXIE HWY.
City-St-Zip: WEST PALM BEACH, FL 33416

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:

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 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: FATIMA NEJAME

D

04/05/2006

Electronic Signature of Signing Officer or Director

Date