2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002033

FILED Mar 06, 2007 Secretary of State

Entity Name: PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

2231 SE 59TH ST 2145 NW 147TH ST

OCALA, FL 34480 US NEWBERRY, FL 32669 US

Current Mailing Address: New Mailing Address:

2231 SE 59TH ST 2145 NW 147TH ST

OCALA, FL 34480 US NEWBERRY, FL 32669 US

FEI Number: 59-3249355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRIFFIN, TAMMY L RADLINSKI, KRYSTAL 2231 SE 59TH ST 2145 NW 147TH ST

OCALA, FL 34480 US NEWBERRY, FL 32669 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: MONICA METZ 03/06/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD (X) Change () Addition () Delete

GRIFFIN, TAMMY RADLINSKI, KRYSTAL Name: Name: 2231 SE 59TH ST. Address: 2145 NW 147TH ST Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: NEWBERRY, FL 32669

Title: VD () Delete Title: VD (X) Change () Addition MORRISSEY, THOMAS Name: RADLINSKI, MATT Name:

Address: 8850 SW 14TH AVE Address: 2145 NW 147TH ST City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: NEWBERRY, FL 32669

Title: VD () Delete Title: VD. (X) Change () Addition

RADLINSKI, KRYSTAL METZ, MONICA Name: Name: 2145 NW 147TH ST 4229 NW 43RD ST J-77 Address: Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete Title: SD (X) Change () Addition

Name: GORDON, CHARLES Name: CAMPBELL, ROBERTA 1735 NE JACKSONVILLE RD STE 3 Address: Address: 4542 S.E. 31ST PLACE City-St-Zip: OCALA, FL 34470 City-St-Zip: OCALA, FL 34471

Title: (X) Delete Title: () Change () Addition

RADLINKSI, MATTHEW Name: Name: 2145 NW 147TH ST Address: Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip:

Title: () Delete Title: () Change () Addition

BRILL. SAMUEL Name: Name: Address: 4302 NW 21ST DRIVE Address: GAINESVILLE, FL 32605 City-St-Zip: 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: MONICA METZ VD 03/06/2007

Electronic Signature of Signing Officer or Director

Date