2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2005 08:00 AM Secretary of State DOCUMENT # P0000018909 DIGITAL PHOTO SERVICES, INC. Principal Place of Business Mailing Address 8070 PASADENA BLVD. 8070 PASADENA BLVD. PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 02012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0998561 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, ROLAND O JR. DO NOT WRITE 8070 PASADENA BLVD. PEMBROKE PINES, FL 33024 IN THIS SPACE 8. The above named entity submits this statement oose 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 age SIGNATURE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS SMITH, ROLAND O JR. NAME 8070 PASADENA BLVD. STREET ADDRESS CITY-SY-ZIP PEMBROKE PINES, FL 33024 TITLE NAME STREET ADDRESS U00000361442 05/05/05-80077-008 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employment 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 954-432-7

FILED