2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90080 038 ***158.75

DOCUMENT # P00000084948

1. Entity Name
CREATIVE PHOTO IMAGE OF ORLANDO, INC.

Principal Place of Business	Mailing Address
578 WILMER AVE #C ORLANDO, FL 32808	578 WILMER AVE #C ORLANDO, FL 32808

01172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4301 KIRKLAND BLVD.	P.O. BOX 616332
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLAND, FL.	City & State: ORLANDO, FL.
Zip 32811 Country ORANGE	Zip 32861 Country ORANGE

4. FEI Number 59-3676249 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLTON, ISAIAH III
4301 KIRKLAND BLVD.
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name CHARLTON, ISAIAH C. III.
Street Address (P.O. Box Number is Not Acceptable) 4301 KIRKLAND BLVD.
City ORLANDO FL Zip Code 32811

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] ISAIAH CHARLTON III 1-17-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	CHARLTIN, ISAIAH III	
STREET ADDRESS	4301 KIRKLAND BLVD.	
CITY ST ZIP	ORLANDO, FL 32811	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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 [signature] ISAIAH CHARLTON III 1-17-06 321-689-9016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #