

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                                                    |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>DOCUMENT # P00000113065</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                   |                               |
| 1. Entity Name<br>W&W PHOTO ENTERPRISE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                                                                                                    |                               |
| Principal Place of Business<br>252 JEFFERSON AVE. APT#9<br>MIAMI, FL 33139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         | Mailing Address<br>252 JEFFERSON AVE. APT#9<br>MIAMI, FL 33139                                                     |                               |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                                                                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         | 05212008 No Chg-P CR2E034 (11/05)                                                                                  |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         | 4. FEI Number<br>65-1060678                                                                                        | Applied For<br>Not Applicable |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                           |                               |
| 6. Name and Address of Current Registered Agent<br><br>PERIUT, WENDY<br>252 JEFFERSON AVE. APT#9<br>MIAMI, FL 33139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                              |                               |
| 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 _____ (NOTE: Registered Agent signature required when reselecting)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                                                                                                    |                               |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 5, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice.                    |                               |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                                                                    |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>PERIUT, WENDY<br>252 JEFFERSON AVE. APT#9<br>MIAMI BEACH, FL 33139 |                                                                                                                    |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                    |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                    |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                    |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                    |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                    |                               |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                                                                                                    |                               |
| 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | 05/20/2006 305 6731360                                                                                             |                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         | Date Daytime Phone #                                                                                               |                               |