


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90001 034 \*\*\*150.00

<b>DOCUMENT # P01000002072</b>	
1. Entity Name <b>STAR IMAGE SHOTS, #3, INC.</b>	

Principal Place of Business <b>9401 W COLONIAL DR, #722 OCOE, FL 34761</b>	Mailing Address <b>9401 W COLONIAL DR, #722 OCOE, FL 34761</b>
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2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3744847</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KIM, YOUNG KOOK</b> <b>9401 W COLONIAL DR, #722</b> <b>OCOE, FL 34761</b>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 renewing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KIM, YOUNG KOOK</b> <b>9401 W COLONIAL DR, #722</b> <b>OCOE, FL 34761</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **04-24-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40096917

#P01000002072

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STAR IMAGE SHOTS INC 3  
814 WEST COLONIAL DR. NO 702  
OCF008, FL 34091

2181

DATE 4/26/06

PAY TO THE ORDER OF Dep. of State \$ 150

One hundred fifty - - - - - DOLLARS

SUNTRUST  
SUNTRUST BANK

FOR [Signature]

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT. # 1008098789  
MAY 08 2006

BOX OF AMERICAN BY  
MAY 08 2006 11 AM  
6640624204