


FILED
Apr 09, 2004 8:00 am
Secretary of State

24039467

DOCUMENT # P01000066330

1. Entity Name
THUNDER GRAPHIX AND PHOTOGRAPHY, INC.



Principal Place of Business
7901 LAKEWOOD COVE CT.
LAKE WORTH, FL 33467

Mailing Address
7901 LAKEWOOD COVE COURT
LAKE WORTH, FL 33467

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

4. FEI Number
65-1122558

Applied For
Not Applicable

5. Certificate of Status Desired

64072004Chg-PCR2E034 (10/03)

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURRIS, KIRK R
7901 LAKEWOOD COVE CT
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7901 LAKEWOOD COVE CT
CityFLZip 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
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, 2004 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST BURRIS, KIRK R 7901 LAKEWOOD COVE CT LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not satisfy for the exemption 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, 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 information.

SIGNATURE:  KIRK R. BURRIS 4-7-04 561-313-7566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR Date Daytime Phone #