


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # P01000082302                             |  |
| 1. Entity Name<br>CREATIVE IMAGES PHOTOGRAPHY, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>1671 ST. JOHNS BLUFF ROAD N.<br>JACKSONVILLE, FL 32225 | Mailing Address<br>1671 ST. JOHNS BLUFF ROAD N.<br>JACKSONVILLE, FL 32225 |
|---|---|

**DO NOT WRITE IN THIS SPACE**

05082008 No Chg-P CR2E034 (11/05)

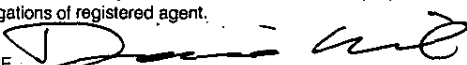
|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-3740379  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

WILES, DIANNE  
1671 ST. JOHNS BLUFF ROAD N.  
JACKSONVILLE, FL 32225

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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  DATE 5/1/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |  |  |
|--|--|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 12, 2008</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|--|


10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>WILES, DIANNE<br>10663 HEMMING ROAD<br>JACKSONVILLE, FL 32225   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>NUNZIATO, RITACCO<br>10663 HEMMING RD.<br>JACKSONVILLE, FL 32225 |
| 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 |   |

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06/04/08-80019-025 150.00

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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:  5/1/08 696-0450

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