2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2008 08:00 AM **DOCUMENT # P01000088868 Secretary of State** NEIL RASHBA PHOTOGRAPHY, INC. Mailing Address Principal Place of Business 1178 NECK ROAD 1178 NECK ROAD PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 No Chg-P CR2E034 (11/05) 01142008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0399679 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DO NOT WRITE RASHBA, NEIL 1178 NECK ROAD PONTE VEDRA BEACH, FL 32082 IN THIS SPACE 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RASHBA, NEIL NAME STREET ADDRESS 1178 NECK RD PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP TITLE 000000790205 01/23/08-80026-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED