


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90176 022 \*\*\*150.00

<b>DOCUMENT # P01086</b>	
1. Entity Name LIFETOUCH PORTRAIT STUDIOS INC.	

Principal Place of Business 11000 VIKING DR SUITE 200 EDEN PRAIRIE, MN 55344 US	Mailing Address 11000 VIKING DR SUITE 200 EDEN PRAIRIE, MN 55344 US
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40086280



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04242006 Chg-P CR2E034 (11/05)

City & State <b>Eden Prairie</b>	4. FEI Number 56-0841239	Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COP HARMEL, PAUL O <input type="checkbox"/> Delete 11000 VIKING DR SUITE 200 EDEN PRAIRIE, MN 55344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSEG HASSEL, RICHARD A <input type="checkbox"/> Delete 11000 VIKING DR SUITE 200 EDEN PRAIRIE, MN 55344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO PARKER, JOHN <input type="checkbox"/> Delete 11000 VIKING DR., SUITE 200 EDEN PRAIRIE, MN 55344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PLADSON, RANDOLPH J. <input type="checkbox"/> Delete 11000 VIKING DR SUITE 200 EDEN PRAIRIE, MN 55344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF <input checked="" type="checkbox"/> Delete BORNHOLTZ, KEVIN 11000 VIKING DR, SUITE 200 EDEN PRAIRIE, MN 55344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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

V PF  
Karas, Kevin  
11000 VIKING Drive  
Eden Prairie, MN 55344

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: Kevin Karas 4/24/06 952 826 4612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #