

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000055222

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** SIMON DALE PHOTOGRAPHY, INC.

**Current Principal Place of Business:**

3560 SOUTH OCEAN BLVD SUITE 407  
PALM BEACH, FL 33480

**New Principal Place of Business:**

3610 SOUTH OCEAN BLVD  
SUITE 609  
PALM BEACH, FL 33480

**Current Mailing Address:**

PO BOX 1086  
LAKE WORTH, FL 33460

**New Mailing Address:**

**FEI Number:** 01-0695325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DALE, SIMON  
3560 SOUTH OCEAN BLVD SUITE 407  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

DALE, SIMON  
3610 SOUTH OCEAN BLVD  
SUITE 609  
PALM BEACH, FL 33480 US

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.

SIGNATURE:

03/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PR  
Name: DALE, SIMON  
Address: PO BOX 1086  
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SIMON DALE

PR

03/07/2011

Electronic Signature of Signing Officer or Director

Date