## **2007 FOR PROFIT CORPORATION**

## FILED Jan 25, 2007 8:00 am Secretary of State

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DOCUMENT # P02000068332 1. Entity Name NANCY BROWN PHOTOGRAPHY, INC. Mailing Address Principal Place of Business RUUUG851 381 MOHAWK LANE 381 MOHAWK LANE BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132007 CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 55-0791252 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIAZZA, VINCENT J ESQ. Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES ROAD SUITE 200 BOCA RATON, FL 33434 Zip Code City FL 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 petited name of registered agent and tale if applicable (NOTE, Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. • . . . . Defete Addition Change TITLE TITLE NAME BROWN, NANCY NAME STREET ADDRESS 381 MOHAWK LANE STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP BOCA RATON, FL 33487 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 nt with an address, with all other like changed, or on an attac

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

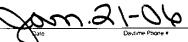
TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

G OFFICER OR DIRECTOR

Delete



☐ Change

\_\_\_\_ Addition