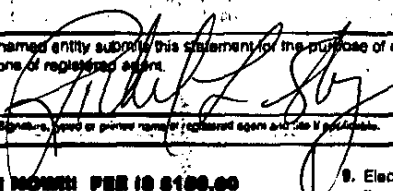
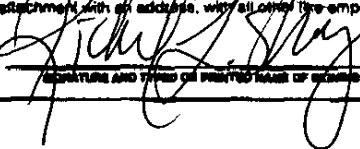


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91010 043 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000004178		
1. Entity Name A STUDIO FOR REAL LIFE PHOTOGRAPHY, INC.		
Principal Place of Business 1305 SUNSET DRIVE CLEARWATER, FL 33755		Mailing Address 1305 SUNSET DRIVE CLEARWATER, FL 33755
2. Principal Place of Business A Studio for Real Life Photography / 1035 4th St. South Suite, Apt. #, etc. 1035 4th St. S.		3. Mailing Address 1035 4th St. S.
City & State Safety Harbor, FL		City & State Safety Harbor, FL
Zip 34695		Zip 34695
Country USA		Country USA
4. FEI Number 611433978		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33146		7. Name and Address of New Registered Agent Name Richel L. Shay Street Address (P.O. Box Number is Not Acceptable) 1035 4th St. South City Safety Harbor FL 34695
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 agents. SIGNATURE:  DATE: April 29, 04		
9. Election Campaign Financing: Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SHAY, RICHEL L 1305 SUNSET DRIVE CLEARWATER, FL 33755	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 persons empowered.		
SIGNATURE:  Richel L. Shay 29 Apr 04 727-777-8086		