## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # P03000021749** 1. Entity Name PHOTOSPHERE, INC. Principal Place of Business Maining Address 2254 HOWARD DR 2254 HOWARD DR WINTER PARK, FL 32789 WINTER PARK, FL 32789 No Chg-P 04182007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0506396 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GROFF, WILLIAM C DO NOT WRITE 2254 HOWARD DR WINTER PARK, FL 32789 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000722416 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 05/02/07-80029-020 150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE GROFF, WILLIAM C NAME STREET ADDRESS 2254 HOWARD DR CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME GROFF, DEBORAH M STREET ADDRESS 2254 HOWARD DR CITY- ST- 7IP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 denature 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 trusted empowered to execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trusted empowered to execute this report a changed, or on an attachment with an address, with all other like employers.

SIGNATURE:

TITLE NAME STREET ADDRESS