2005 FOR PROFIT CORPORATION

FILED Apr 27, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P03000095992 1. Entity Name REFLECTIONS PHOTOGRAPHY BY JESSICA, INC. Principal Place of Business Mailing Address 30014 TAVARES RIDGE BLVD 30014 TAVARES RIDGE BLVD TĀVARES, FL 32778 TAVARES, FL 32778 No Chg-P CR2E034 (10/03) 01102005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0213417 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REISMAN, JESSICA 30014 TAVARES RIDGE BLVD TAVARES, FL 32778 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME REISMAN, JESSICA STREET ADDRESS 30014 TAVARES RIDGE BLVD TAVARES, FL 32778 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-7IP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 exactly 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 line empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP