

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90016 033 ***150.00

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000133214					
1. Entity Name PICTURE WAREHOUSE EAST, INC.					
Principal Place of Business 15495 TAMiami TrL N STE 121 NAPLES, FL 34110			Mailing Address 15495 TAMiami TrL N STE 121 NAPLES, FL 34110		
2. Principal Place of Business 11560 EAST TAMiami Tr. Suite, Apt. #, etc.		3. Mailing Address 2700 Immokalee Rd # 16			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 56-2412559	
Zip 34113		Country USA		Applied For Not Applicable	
Zip 34110		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALINCHAK, S LARRY 15495 TAMiami TrL N STE 121 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name STEPHEN L PALINCHAK Street Address (P.O. Box Number is Not Acceptable) 2700 Immokalee Rd # 16 City NAPLES FL Zip Code 34110		
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: STEPHEN L. PALINCHAK <i>Stephen L. Palinchak</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMERIATO, ROBERT S 1912 PRINCESS CT NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALINCHAK, S LARRY 2255 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVO, DANIEL 29290 S JONES LOOP RD PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: X STEPHEN L. PALINCHAK <i>Stephen L. Palinchak</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					