


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000133214</b> 1. Entity Name PICTURE WAREHOUSE EAST, INC.		
Principal Place of Business 11560 EAST TAMiami TRAIL NAPLES, FL 34113	Mailing Address 2700 IMMOKALEE RD #16 NAPLES, FL 34110	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PALINCHAK, LARRY S 2700 IMMOKALEE RD. #16 NAPLES, FL 34110		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D COMERIATO, ROBERT S 1912 PRINCESS CT NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D PALINCHAK, S LARRY 2255 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE 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 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: <u>Robert Comeriato</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-11-06</u> <u>239-597-3207</u> <small>Date Daytime Phone #</small>



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2412559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000509893  
04/28/06-80062-011 150.00

**DO NOT WRITE  
IN THIS SPACE**