

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


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

02-01-2005 90016 037 \*\*\*150.00

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01042005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000133226</b> 1. Entity Name <b>PICTURE WAREHOUSE NORTH, INC.</b>			
Principal Place of Business <b>15495 TAMiami TrL N STE 121 NAPLES, FL 34110</b>		Mailing Address <b>15495 TAMiami TrL N STE 121 NAPLES, FL 34110</b>	
2. Principal Place of Business <b>2700 Immokalee Rd</b> Suite, Apt. #, etc. <b># 16</b>		3. Mailing Address <b>2700 Immokalee Rd</b> Suite, Apt. #, etc. <b># 16</b>	
City & State <b>NAPLES FL</b> Zip <b>34110</b> Country <b>USA</b>		City & State <b>NAPLES, FL</b> Zip <b>34110</b> Country <b>USA</b>	
4. FEI Number <b>54-2412526</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>PALINCHAK, S LARRY 15495 TAMiami TrL N STE 121 NAPLES, FL 34110</b>		7. Name and Address of New Registered Agent Name <b>STEPHEN L PALINCHAK</b> Street Address (P.O. Box Number is Not Acceptable) <b>2700 Immokalee Rd # 16</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34110</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 <b>STEPHEN L PALINCHAK</b> <i>Stephen L Palinchak</i> DATE _____ <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, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COMERIATO, ROBERT S 1912 PRINCESS CT NAPLES, FL 34110</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PALINCHAK, S LARRY 2255 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>ALVO, DANIEL 29280 S JONES LOOP RD PUNTA GORDA, FL 33950</b>	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: <b>STEPHEN L PALINCHAK</b> <i>Stephen L Palinchak</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	