


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2007 8:00 am**  
**Secretary of State**

06-20-2007 90001 039 \*\*\*550.00

DOCUMENT # P04000000323 1. Entity Name TEGER PHOTOGRAPHICS INC.	
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Principal Place of Business 2125 SEAGRAPE DR VERO BEACH, FL 32463	Mailing Address 2125 SEAGRAPE DR VERO BEACH, FL 32463
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**DO NOT WRITE IN THIS SPACE**



05292007 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1810449	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE SUITE 1000 ORLANDO, FL 32801
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**DO NOT WRITE  
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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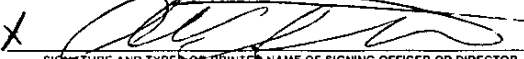
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLAN TEGER, ALLAN 2125 SEAGRAPE DR VERO BEACH, FL 32463
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**DO NOT WRITE  
IN THIS SPACE**

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: 	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		