2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2008 8:00 am Secretary of State

1	DOCUMENT	# P0400000323	

07-17-2008 90062 017 ***150 00 1. Entity Name TEGER PHOTOGRAPHICS INC. 41111300 Mailing Address 2125 SEAGRAPE OR 2425 SEACRAPEOR 2/25 SEAGRAPE DR 2425 SEAGRAPE OR VERO BEACH, FL 32463 VERO BEACH, FL 32463 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2125 SEAGRAPE DR 2125 SEAGRAPE OR Suite, Apt. #, etc. 07092008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For VERO BEACH, FL VERO BEACH, FL Not Applicable 14-1810449 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEGER CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE SUITE 1000 : ORLANDO, FL 32801 City VERO BEACH 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. e of registered ager (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change | ☐ Addition TITLE ☐ Delete TITI F TEGER ALLAND DR TEGER: ALLEN NAME NAME STREET ADDRESS 2425 SEAGRAPE DR STREET ADDRESS VERO BEACH, FL 37463 CITY-ST-ZIP VERO BEACH, FL 32463 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITL F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: *

SIGNATURE AND TYPED OR PRINTED NAME OF

772-231-8848-

Daytime Phone #