

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035559

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: FREEZ-PLAY ACTION SPORTS PHOTOS, INC.

## Current Principal Place of Business:

16116 MARSHFIELD DR  
TAMPA, FL 33624

## New Principal Place of Business:

9032 LOST MILL DR.  
LAND O LAKES, FL 34638

## Current Mailing Address:

16116 MARSHFIELD DR  
TAMPA, FL 33624

## New Mailing Address:

9032 LOST MILL DR.  
LAND O LAKES, FL 34638

FEI Number: 14-1904380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHAPMAN, MARK S  
Address: 16116 MARSHFIELD DR  
City-St-Zip: TAMPA, FL 33624

Title: ST ( ) Delete  
Name: CHAPMAN, SHARON  
Address: 16116 MARSHFIELD DR  
City-St-Zip: TAMPA, FL 33624

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CHAPMAN, MARK S  
Address: 9032 LOST MILL DR.  
City-St-Zip: LAND O LAKES, FL 34638

Title: ST (X) Change ( ) Addition  
Name: CHAPMAN, SHARON  
Address: 9032 LOST MILL DR.  
City-St-Zip: LAND O LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CHAPMAN

PD

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date