2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065972

Entity Name: THE PICTURE FACTORY OF EAST NAPLES, INC.

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2320 VANDERBILT BCH RD NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 2320 VANDERBILT BCH RD NAPLES, FL 34109 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CISKIE, ROGER D 2370 VANDERBILT BEACH ROAD NAPLES, FL 34109 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFOP () Delete Title: **PRFS** (X) Change () Addition CISKIE, STEVEN J Name: Name: CISKIE, STEVEN J 333 SEVERIN RD SE 333 SEVERIN RD SE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952 DV Title: Title: () Delete () Change () Addition Name: BATES, MARK C Name: 2375 TERRA VERDE LN Address: Address: NAPLES, FL 34105 City-St-Zip: City-St-Zip: () Delete Title: CDS Title: () Change () Addition CISKIE, ROGER D Name: Name: 675 WEST AVE Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: CFOT () Delete Title: () Change () Addition MURROW, SKIP Name: Name: Address: 7508 SAN MIGUEL WAY Address: City-St-Zip: NAPLES, FL 34209 City-St-Zip: Title: Title: () Delete () Change () Addition SADIK, OFER Name: Name: 2860 CENTER PORT CIR Address: Address: City-St-Zip: POMPANO BCH, FL 33064 City-St-Zip: Title: () Delete Title: CEO () Change (X) Addition Name: Name: ROSSLER, JOHN 2320 VANDERBILT BCH RD Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34109

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: SKIP MURROW CFOT 01/17/2006