2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2006 8:00 am Secretary of State **DOCUMENT # P04000101913** 04-19-2006 90097 031 ***150.00 DIEZ AND LEWIS PHOTOGRAPHY, INC. Mailing Address Principal Place of Business 60028694 11230 WIRT ROAD P.O. BOX 1003 BROOKSVILLE, FL 34605 SAN ANTONIO, FL 33576 2. Principal Place of Business 3. Mailing Address 1071 CANDLELIGHT BLUD, Suite, Apt. #, etc. Suite Ant # etc. 03282006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For BROOKSVIL 20-1295100 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, STACI LEWIS Street Address (P.O. Box Number is Not Acceptable) **11230 WIRT ROAD** SAN ANTONIO, FL 33576 Zip Code 34601 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. Staci Lewis White SIGNATURE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete X Change ☐ Addition WHITE, STAT LEWIS 1071 CANDLELICAT BUD. WHITE, STACI LEWIS NAME NAME STREET ADDRESS 11230 WIRT ROAD STREET ADDRESS BROCKSVILLE, FX 34601 CITY-ST-ZIP SAN ANTONIO, FL 33576 CITY-ST-ZIP TITLE D Delete TITLE Change ■ Addition DIEZ STEVEN R 1071 CANDLESTAT BLVD. DIEZ, STEVEN R NAME NAME STREET ADDRESS 11230 WIRT ROAD STREET ADDRESS CITY-ST-ZIP SAN ANTONIO, FL 33576 COTY+ST-ZIP BROOKSVILLE, TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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.

FILED