2007 FOR PROFIT CORPORATION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 05, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000129207** 04-05-2007 90140 012 ***150.00 HUGHES PHOTOGRAPHY, INC. 4000000 Principal Place of Business Mailing Address 10464 124TH TERR. N. 10464 124TH TERR. N. LARGO, FL 33773 LARGO, FL 33773 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1640650 Not Applicable Zip Country Zin Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CULLEM, JOHN P ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 856 2ND AVENUE NORTH ST. PETERSBURG, FL 33701 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 5565 95TH TERRACE NORTH STREET ADDRESS PINELLAS PARK, FL 33782 CITY-ST-7IP CITY-ST-7IP ong loson Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS 5565 95TH TERRACE NORTH STREET ADDRESS PINELLAS PARK, FL 33782 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 5565 95TH TERRACE NORTH STREET ADDRESS Same PINELLAS PARK, FL 33782 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Donald TITLE **∆**£hange ☐ Addition NAME NAME 5565 95TH TERRACE NORTH STREET ADDRESS STREET ADDRESS ame CITY-ST-ZIP PINELLAS PARK, FL 33782 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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