2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150817

Entity Name: DIGITAL PHOTO CONSULTANTS INC.

FILED Feb 18, 2008 Secretary of State

Current Princip	oal Place of Business:	New Principal Place of Busin	ness

8241 GRAND MESSINA CIRCLE
BOYNTON BEACH, FL 33437

8241 GRAND MESSINA CIRCLE
BOYNTON BEACH, FL 33472

Current Mailing Address: New Mailing Address:

8241 GRAND MESSINA CIRCLE
BOYNTON BEACH, FL 33437

8241 GRAND MESSINA CIRCLE
BOYNTON BEACH, FL 33472

FEI Number: 20-1848608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLACK, JOEL BLACK, JOEL P
8241 GRAND MESSINA CIRCLE
BOYNTON BEACH, FL 33437 US
BLACK, JOEL P
8241 GRAND MESSINA CIRCLE
BOYNTON BEACH, FL 33437 US

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: JOEL P BLACK 02/18/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete

Name: BLACK, JOEL

Address: 8241 GRAND MESSINA CIRCLE City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete

Name: BLACK, JOEL

Address: 8241 GRAND MESSINA CIRCLE City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: BLACK, JOEL

Address: 8241 GRAND MESSINA CIRCLE City-St-Zip: BOYNTON BEACH, FL 33472

Title: D (X) Change () Addition

Name: BLACK, JOEL

Address: 8241 GRAND MESSINA CIRCLE City-St-Zip: BOYNTON BEACH, FL 33472

I hereby certify that the information supplied with this filing does not qualify 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: JOEL P BLACK MR 02/18/2008