


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90168 015 ***150.00

DOCUMENT # P04000164902

1. Entity Name
VIRTUAL 360 PHOTOGRAPHY, INC.



Principal Place of Business Mailing Address
1958 SE PORT ST. LUCIE BLVD. 1958 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952

2. Principal Place of Business 3. Mailing Address
201 SW Pt. St. Lucie Blvd. Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste. # 7

City & State City & State
Pt. St. Lucie, FL City & State
Zip Country Zip Country
34984 USA



02082005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-1996764 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

RIZZOLO, JAMES
1958 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

Name
Eleanore Marino

Street Address (P.O. Box Number is Not Acceptable)
3001 SW Denton St.

City State Zip Code
Pt. St. Lucie FL 34953

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 *Eleanore Marino* **Eleanore Marino** DATE **2/28/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, ELEANORE	NAME	
STREET ADDRESS	3001 SW DENTON ST.	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Eleanore Marino* **Eleanore Marino** DATE **2/28/05** DAYTIME PHONE # **772-215-0089**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR