2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# P04000169267

Entity Name: B & O PHOTOGRAPHY STUDIO, INC.

Current Principal Place of Business:

PO BOX 2402
TARPON SPRINGS, FL 346882402

New Principal Place of Business:

117 BEACH HAVEN LANE
TAMPA, FL 336092591 US

Current Mailing Address:

PO BOX 2402
TARPON SPRINGS, FL 346882402

New Mailing Address:

PO BOX 25322
TAMPA, FL 336225322 US

FEI Number: 20-2150853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIKORA, BARTLOMIEJ J
2405 OAKBEND DRIVE, APT 1023
PINELLAS, FL 34683 US

Name and Address of New Registered Agent:

SIKORA, BARTLOMIEJ J
117 BEACH HAVEN LANE
TAMPA, FL 336092591 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: BARTLOMIEJ J SIKORA 03/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SIKORA, BARTLOMIEJ J
Address: 2405 OAKBEND DRIVE, APT 1023
City-St-Zip: PALM HARBOR, FL 34683

Title: P ( ) Delete
Name: KAROLAK, ALEKSANDRA M
Address: 2405 OAKBEND DRIVE, APT 1023
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SIKORA, BARTLOMIEJ J
Address: 117 BEACH HAVEN LANE
City-St-Zip: TAMPA, FL 336092591 US

Title: P (X) Change ( ) Addition
Name: KAROLAK, ALEKSANDRA M
Address: 117 BEACH HAVEN LANE
City-St-Zip: TAMPA, FL 336092591 US

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: ALEKSANDRA M KAROLAK P 03/15/2009
Electronic Signature of Signing Officer or Director Date