

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90135 012 ***150.00

DOCUMENT # P05000062018 1. Entity Name PERSPECTIVES PHOTO ARTISTRY, INC.						
Principal Place of Business 1039 COUNTRY OAKS LANE LAKE LAND, FL 33810				Mailing Address 1039 COUNTRY OAKS LANE LAKE LAND, FL 33810		
2. Principal Place of Business 914 S. FLORIDA Ave. Suite, Apt. #, etc. Ste. 210 City & State LAKE LAND, FL Zip 33803		3. Mailing Address 914 S. FLORIDA Ave. Suite, Apt. #, etc. Ste. 210 City & State LAKE LAND, FL Zip 33803				
4. FEI Number 20-2774979		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02252006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent ROMERO, AMANDA 1039 COUNTRY OAKS LANE LAKE LAND, FL 33810			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 210 LAKE HOLLINGSWORTH DRIVE Apt. 603 City LAKE LAND FL Zip Code 33801			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROMERO, AMANDA 1039 COUNTRY OAKS LANE LAKE LAND, FL 33810		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	210 LAKE HOLLINGSWORTH DRIVE Apt 603 LAKE LAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.						
SIGNATURE: Amanda L. Romero Amanda L. Romero 3/15/06 (863) 205-3355 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						