## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT FILED** Apr 20, 2007 08:00 AM Secretary of State **DOCUMENT # P05000069994** 1. Entity Name A AVALON PORTRAIT STUDIO AND GALLERY, INC. Principal Place of Business Mailing Address 2045-C NE 2ND STREET 2045-C NE 2ND STREET OCALA, FL 34470 OCALA, FL 34470 04052007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0544373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent RIVERA, PETER F DO NOT WRITE 2045-C NE 2ND STREET OCALA, FL 34470 IN THIS SPACE 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 | 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. D TITLE RIVERA, PETER F NAME STREET ADDRESS 2045-C NE 2ND STREET CITY-ST-ZIP OCALA, FL 34470 TITLE U000000718774 NAME 05/01/07-80035-020 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

I hereby certify that the information indicated on this report of supplied to the supplied to tion supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information immental 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 properties the properties of the prope of the corporation or the ret changed, or on an attachin

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR