


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90081 026 ***150.00

DOCUMENT # P05000089152		
1. Entity Name PICTURES FOR FUN, INC.		

Principal Place of Business P.O. BOX 28145 SAINT PETERSBURG, FL 33709 US	Mailing Address P.O. BOX 28145 SAINT PETERSBURG, FL 33709 US
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40075751



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent EVANCHO, MARY L 5901 59TH ST NORTH SAINT PETERSBURG, FL 33709	
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7. Name and Address of New Registered Agent	
Name	MARCY L EVANCHO
Street Address (P.O. Box Number is Not Acceptable)	3115 ADRIAN AVE
City	LARGO
State	FL
Zip Code	33774

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	<i>Marcy L. Evancho</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST	TITLE	EVANCHO, MARCY L
NAME	EVANCHO, MARY L	NAME	
STREET ADDRESS	P.O. BOX 28145	STREET ADDRESS	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33709	CITY - ST - ZIP	
TITLE	V	TITLE	
NAME	LODRINI, CHRISTINA	NAME	
STREET ADDRESS	6301 144TH AVE NORTH	STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 33760	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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 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: <i>Marcy L. Evancho</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #