2006 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 11, 2006 8:00 am Secretary of State DOCUMENT # P05000093733 09-11-2006 90006 014 ***150.00 REESE ALLEN PHOTOGRAPHY, INC. Principal Place of Business Mailing Address 1207 NORTHEAST FIRST AVENUE 1207 NORTHEAST FIRST AVENUE FORT LAUDERDALE, FL 33304 US FORT LAUDERDALE, FL 33304 2. Principal Place of Business 3. Mailing Address 207 NE (社 15t AVE 1207 NE Suite, Apt. #, etc. Sulte, Apt. #, etc. 08272006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FOLT LAUDER PALE FL. FOLT <u>364576870</u> Not Applicable Ζ'n Zip 33304 \$8.75 Additional 5. Certificate of Status Desired П BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLEN, REESE E 1207 NORTHEAST FIRST AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FLORIDA, FL 33304 Zip Code 9. 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALLEN, REESE E NAME STREET ADDRESS 1207 NORTHEAST FIRST AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nn e ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE (Change ■ Addition NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-78 TITLE ☐ Delete TITLE ☐ Change Addition 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 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 cett; 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 champed, or on an attachment with an address, with all other like empowered.

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