
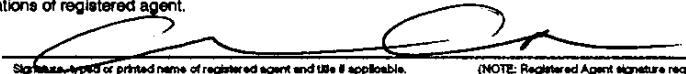
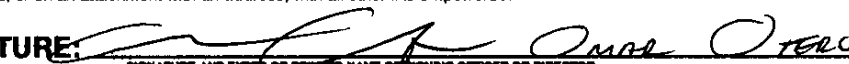


**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90001 022 \*\*\*158.75

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P05000102414</b>			
1. Entity Name OMARR PHOTOGRAPHY INC.			
Principal Place of Business 680 W STATE ROAD 434 SUITE 101 WINTER SPRINGS, FL 32708		Mailing Address 680 W STATE ROAD 434 SUITE 101 WINTER SPRINGS, FL 32708	
2. Principal Place of Business <u>104 HOLIDAY LANE</u> Suite, Apt. #, etc.		3. Mailing Address <u>104 HOLIDAY LANE</u> Suite, Apt. #, etc.	
City & State <u>WINTER SPRINGS, FL</u> Zip <u>32708</u>		City & State <u>WINTER SPRINGS, FL</u> Zip <u>32708</u>	
Country <u>U.S.A.</u>		Country <u>U.S.A.</u>	
4. FEI Number <u>76-0799692</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  OTERO, OMAR A 680 W STATE ROAD 434 SUITE 101 WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name <u>OMAR OTERO</u> Street Address (P.O. Box Number is Not Acceptable) <u>104 HOLIDAY LANE</u> City <u>WINTER SPRINGS</u> <b>FL</b> Zip Code <u>32708</u>	
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 		7/31/06' DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	D OTERO, OMAR A 104 HOLIDAY LN WINTER SPRINGS, FL 32708 <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
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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: 		7/31/06' DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

50023979



07282006 Chg-P CR2E034 (11/05)

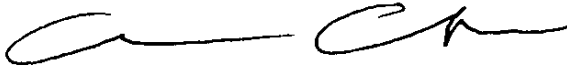
To Whom It May Concern,

ATTACHMENT 5023979  
#PD5000102414

My Office HAS MOVED AND I NEVER  
RECEIVED THE ORIGINAL NOTICE. I'm HOPING  
I WON'T HAVE TO PAY THE \$400.00  
PENALTY. My NEW ADDRESS IS LISTED  
BELOW AND I'VE PUT IT ON MY NEW  
PAPER WORK.

SINCERELY,

OMAR A. OTERO



104 HOLIDAY LANE  
WINTER SPRINGS, FL.  
32708

407.327.4128