

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111915

FILED
Jan 15, 2008
Secretary of State

Entity Name: PICTURE THIS REAL LIFE PHOTOGRAPHY, INC.

Current Principal Place of Business:

2070 MCGREGOR BLVD.
SUITE 5
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2070 MCGREGOR BLVD
SUITE 5
FORT MYERS, FL 33991

New Mailing Address:

2070 MCGREGOR BLVD.
SUITE 5
FORT MYERS, FL 33901

FEI Number: 20-3333423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAMP, MARIE E
2331 SW 21ST AVE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAMP, MARIE E
Address: 2331 SW 21ST AVE
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: WEAVER, MICHELLE
Address: 1110 NE 33RD ST
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE KAMP

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01/15/2008

Electronic Signature of Signing Officer or Director

_____ Date