


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90045 001 ***550.00

DOCUMENT # P05000126712	
1. Entity Name PHOTOGRAPHY BY NIKKI, INC.	

Principal Place of Business 4480 DEERWOOD LAKE PKWY UNIT 321 JACKSONVILLE, FL 32216	Mailing Address 4480 DEERWOOD LAKE PKWY UNIT 321 JACKSONVILLE, FL 32216
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2. Principal Place of Business - No P.O. Box # 6263 Cherry Lake Dr. N.	3. Mailing Address 6263 Cherry Lake Dr. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State Jacksonville, FL
Zip 32258	Country USA
Zip 32258	Country USA

6. Name and Address of Current Registered Agent MCENEANEY, NICOLE 4480 DEERWOOD PKWY UNIT 321 JACKSONVILLE, FL 32216	
7. Name and Address of New Registered Agent Name Nicole McEneaney Street Address (P.O. Box Number is Not Acceptable) 6263 Cherry Lake Drive North City Jacksonville FL Zip Code 32258	

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 Nicole McEneaney <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 7/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	DP MCENEANEY, NICOLE 11750 MAGNOLIA FALLS DR JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP McEneaney, Nicole 6263 Cherry Lake Dr. N. Jacksonville, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address
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
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
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
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
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: Nicole McEneaney <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 7/5/07 <small>Daytime Phone #</small>