

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023987

FILED
Mar 18, 2008
Secretary of State

Entity Name: THOMAS ALAN PHOTOGRAPHY, INC.

Current Principal Place of Business:

4250 ALAFAYA TRAIL
SUITE 212, #407
OVIEDO, FL 32765

New Principal Place of Business:

3872 HERITAGE OAKS CT
OVIEDO, FL 32765

Current Mailing Address:

4250 ALAFAYA TRAIL
SUITE 212, #407
OVIEDO, FL 32765

New Mailing Address:

4250 ALAFAYA TRAIL
SUITE 212-407
OVIEDO, FL 32765

FEI Number: 20-4330506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMILIE, THOMAS A
4250 ALAFAYA TRAIL
SUITE 212, #407
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

SMILIE, THOMAS A
4250 ALAFAYA TRAIL
SUITE 212-407
OVIEDO, FL 32765 US

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:

03/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMILIE, THOMAS A
Address: 4250 ALAFAYA TRAIL STE 212 # 407
City-St-Zip: OVIEDO, FL 32765 US

Title: VP () Delete
Name: SMILIE, TINA M
Address: 4250 ALAFAYA TRAIL STE 212 #407
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMILIE, THOMAS A
Address: 4250 ALAFAYA TRAIL STE 212-407
City-St-Zip: OVIEDO, FL 32765 US

Title: VP (X) Change () Addition
Name: SMILIE, TINA M
Address: 4250 ALAFAYA TRAIL STE 212-407
City-St-Zip: OVIEDO, FL 32765 US

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: THOMAS A. SMILIE

MR

03/18/2008

Electronic Signature of Signing Officer or Director

Date