2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P06000028007

Entity Name: BRIAN ADAMS PHOTOGRAPHICS, INC.

Current Principal Place of Business:

507 N. NEW YORK AVE.
#R-5
WINTER PARK, FL 32789

New Principal Place of Business:

23 S. OSCEOLA AVE.
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 3597
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 20-4420829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, BRIAN
300 N. NEW YORK AVE.
#3597
WINTER PARK, FL 32789 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: PRES ( ) Delete
Name: ADAMS, BRIAN
Address: P.O. BOX 3597
City-St-Zip: WINTER PARK, FL 32790

Title: VP ( ) Delete
Name: ADAMS, BRIAN
Address: P.O. BOX 3597
City-St-Zip: WINTER PARK, FL 32790

Title: SEC ( ) Delete
Name: ADAMS, BRIAN
Address: P.O. BOX 3597
City-St-Zip: WINTER PARK, FL 32790

Title: TREA ( ) Delete
Name: ADAMS, BRIAN
Address: P.O. BOX 3597
City-St-Zip: WINTER PARK, FL 32790

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRIAN A ADAMS PRES 03/24/2009

Electronic Signature of Signing Officer or Director — Date