

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90049 038 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                                                       |                                                                                                                                                                         |                                                                                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000040012</b><br>1. Entity Name<br><b>PHOTO POINT OF VIEW, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                                                       |                                                                                                                                                                         |                                                                                                                                                                                |  |
| Principal Place of Business<br><b>821 VANCE CIRCLE NE<br/>PALM BAY, FL 32905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                                                       | Mailing Address<br><b>821 VANCE CIRCLE NE<br/>PALM BAY, FL 32905</b>                                                                                                    |                                                                                                                                                                                |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | 3. Mailing Address                                                                                                    |                                                                                                                                                                         |                                                                                                                                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | Suite, Apt. #, etc.                                                                                                   |                                                                                                                                                                         |                                                                                                                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | City & State                                                                                                          |                                                                                                                                                                         | 4. FEI Number <b>204552376</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                                                       | Zip                                                                                                                   | Country                                                                                                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FARDELLA, JOSEPH D<br/>5336 NW 106TH DR<br/>CORAL SPRINGS, FL 33076</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                                                                                                                                |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                                                       |                                                                                                                                                                         |                                                                                                                                                                                |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                         |                                                                                                                                                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                   |                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | P<br><b>GUIDONE, ANTHONY L<br/>821 VANCE CIRCLE NE<br/>PALM BAY, FL 32905</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered. |                                                                                                               |                                                                                                                       |                                                                                                                                                                         |                                                                                                                                                                                |  |
| SIGNATURE: <i>Anthony Guidone</i><br>_____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | 2/12/07<br>_____<br>Date                                                                                              |                                                                                                                                                                         | 321-676-4025<br>_____<br>Daytime Phone #                                                                                                                                       |  |

*Anthony Guidone 3/5/07*