2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081717

Entity Name: LEAP YEAR PHOTOGRAPHY, INC.

CAPE CORAL, FL 33910

City-St-Zip:

FILED Feb 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 101678 4203 MCGREGOR BLVD CAPE CORAL, FL 33910 FORT MYERS, FL 33901 **Current Mailing Address: New Mailing Address:** PO BOX 101678 CAPE CORAL, FL 33910 FEI Number: 43-2106814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, SCOTT WILSON, SCOTT 4506 SW 7TH PLACE 4203 MCGREGOR BLVD CAPE CORAL, FL 33914 US FORT MYERS, FL 33901 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: 02/13/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WILSON, SCOTT Name: Name: PO BOX 101678 Address: Address: City-St-Zip: CAPE CORAL, FL 33910 City-St-Zip: Title: DV Title: () Change () Addition () Delete Name: WILSON, ERIN Name: PO BOX 101678 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: SCOTT WILSON DP 02/13/2007