


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State


02-15-2006 90048 018 ***150.00

DOCUMENT # P94000062243	
1. Entity Name UNIVERSAL CONVENTION PHOTOGRAPHY, INC.	

Principal Place of Business 7121 GRAND NATIONAL DRIVE SUITE 104 ORLANDO FL 32819 US	Mailing Address 7121 GRAND NATIONAL DRIVE SUITE 104 ORLANDO FL 32819 US
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2. Principal Place of Business 7550 HINSON STREET	3. Mailing Address P.O. BOX 22247
Suite, Apt. #, etc. SUITE 7C	Suite, Apt. #, etc.

City & State ORLANDO, FL	City & State LAKE BUENA VISTA, FL
Zip 32819	Zip 32830
Country USA	Country USA

	
1st MOORE	CR2E034 (10/05)
4. FEI Number 59-3262446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREGORY, THOMAS L 7121 GRAND NATIONAL DRIVE #104 ORLANDO FL 32819	
7. Name and Address of New Registered Agent Name: same Street Address (P.O. Box Number is Not Acceptable) 7550 HINSON STREET SUITE 7C City ORLANDO, FL Zip Code 32819	

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 Thomas J. Gregory, PRES. <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 31 JAN 06 <small>(NOTE: Registered Agent signature required when reconstituting)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	D GREGORY, THOMAS L 7121 GRAND NATIONAL DRIVE #104 ORLANDO FL 32819 HINSON ST.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, KATHERINE A 7121 GRAND NATIONAL DRIVE, #104 ORLANDO FL 32819 HINSON ST.	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 Section 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: Thomas J. Gregory TOM GREGORY, PRES.	31 JAN 06 407-351-5582