## 2004 FOR PROFIT CORPORATION

## Apr 29, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P95000031850 BRANTLEY PHOTOGRAPHY, INC. Mailing Address Principal Place of Business 1730 S. FEDERAL HWY. 1730 S. FEDERAL HWY, STE 354 STE 354 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 US 04212004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0589576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BRANTLEY, CARMEL 1730 S. FEDERAL HWY. STE 254 IN THIS SPACE DELRAY BEACH, FL 33483 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DV MÆ NAME BRANTLEY, ROBERT U00000138918 STREET ADDRESS 19 SAILFISH LANE 04/29/04-80100-007 150.00 CITY-ST-ZIP BOYNTON BEACH, FL 33435 DP WE BRANTLEY, CARMEL NAME STREET ADDRESS 19 SAILFISH LANE CITY-ST-ZIP OCEAN RIDGE, FL 33435 UIII NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 affactment with an address, with all other like empowered.

SIGNATURE: CARMEL

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**FILED**