2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053918

Entity Name: FULL MOON PHOTOGRAPHY, INC.

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1314 FALLS OF VENICE CIRCLE 1020 CAPRI ISLES BLVD. VENICE, FL 34292

APT. 59

VENICE, FL 34292

Current Mailing Address: New Mailing Address:

1314 FALLS OF VENICE CIRCLE 1020 CAPRI ISLES BLVD VENICE, FL 34292

APT. 59

VENICE, FL 34292

FEI Number: 65-0599051 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:

LINDER, GARY M LINDER, GARY M 1314 FALLS OF VENICE CIRCLE 1020 CÁPRI ISLES BLVD VENICE, FL 34292 APT. 59 VENICE, FL 34292 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: 04/29/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition () Delete Title: PRFS

Name: LINDER, GARY M Name: LINDER, GARY M

1314 FALLS OF VENICE CIRCLE Address: 1020 CAPRI ISLES BLVD. APT. 59 Address:

City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292

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: GARY M. LINDER **PRES** 04/29/2007