

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

| <b>DOCUMENT # P96000002494</b><br>1. Entity Name<br><b>FRANCIS DESIGN AND PHOTOGRAPHY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Principal Place of Business<br><b>1001 W 49 ST<br/>BAY #4<br/>HIALEAH, FL 33012 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 2. Principal Place of Business<br>Suite, Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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Mailing Address<br>Suite, Apt #, etc.                                                                     |                                                                                                                                                                         |                                                                   |                            |  |  |                                                       |  |  |       |                                                                                            |                                 |       |                                                                                                    |                                                                   |                |  |  |      |  |  |             |  |  |                |  |  |  |  |  |             |  |  |       |                                                                                              |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
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FEI Number<br><b>65-0643597</b>                                                                                                                                      |                                                                   |                            |  |  |                                                       |  |  |       |                                                                                            |                                 |       |                                                                                                    |                                                                   |                |  |  |      |  |  |             |  |  |                |  |  |  |  |  |             |  |  |       |                                                                                              |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 6. Name and Address of Current Registered Agent<br><br><b>LOPEZ, NILSA<br/>1001 W 49 ST<br/>BAY #4<br/>HIALEAH, FL 33012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| SIGNATURE _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                                         |                                                                   |                            |  |  |                                                       |  |  |       |                                                                                            |                                 |       |                                                                                                    |                                                                   |                |  |  |      |  |  |             |  |  |                |  |  |  |  |  |             |  |  |       |                                                                                              |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> <b>D</b><br/> <b>LOPEZ, NILSA</b><br/> <b>4903 SW 168TH AVENUE</b><br/> <b>MIRAMAR, FL 33027</b> </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete       </td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> <div style="text-align: right;"> <b>U000000513456</b><br/> <b>04/29/06-80129-018 150.00</b> </div> </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <b>D</b><br/> <b>LOPEZ, LEONEL</b><br/> <b>15823 NW 15 CT</b><br/> <b>PEMBROKE PINES, FL 33028</b> </td> <td style="padding: 2px; 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OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | <b>D</b><br><b>LOPEZ, NILSA</b><br><b>4903 SW 168TH AVENUE</b><br><b>MIRAMAR, FL 33027</b> | <input type="checkbox"/> Delete | TITLE | <div style="text-align: right;"> <b>U000000513456</b><br/> <b>04/29/06-80129-018 150.00</b> </div> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | NAME |  |  | CITY-ST-ZIP |  |  | STREET ADDRESS |  |  |  |  |  | CITY-ST-ZIP |  |  | TITLE | <b>D</b><br><b>LOPEZ, LEONEL</b><br><b>15823 NW 15 CT</b><br><b>PEMBROKE PINES, FL 33028</b> | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
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| 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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| SIGNATURE: <span style="float: right;"><b>3/17/06</b></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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