2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # P96000024721 SWAN PHOTOGRAPHY, INC. Principal Place of Business Mailing Address 925 MARTIN DOWNS BLVD 1640 SW ALBATROSS WAY PALM CITY, FL 34990 PALM CITY, FL 34990 02292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWAN, JUDY DO NOT WRITE 1640 SW ALBATROSS WAY PALM CITY, FL 34990 IN THIS SPACE 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, 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 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SWAN, JUDY M NAME STREET ADDRESS 1640 SW ALBATROSS WAY CITY-ST-ZIP PALM CITY, FL 34990 TITLE SWAN, ROBERT 1640 SW ALBATROSS WAY STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 TITLE CAMPIONE, DENISE NAME STREET ADDRESS 69 EDISON ST DO NOT WRITE CITY-ST-ZIP FAIRMONT, WV 26554 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED