

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90029 041 \*\*\*150.00

**DOCUMENT # P97000001813**  
 1. Entity Name  
 SENIOR PHOTOGRAPHERS INTERNATIONAL, INC.



40057884



Principal Place of Business: 1910 VIRGINIA AVE. APT. 403B FORT MYERS, FL 33901 US  
 Mailing Address: 6314 WHISKEY CREEK DR SUITE B FORT MYERS, FL 33919 US

2. Principal Place of Business - No P.O. Box #: 2580 Estero Blvd  
 Suite, Apt. #, etc.: # 23  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Fort Myers Beach  
 Zip: 33931 Country: [Blank]  
 City & State: [Blank] Zip: [Blank] Country: [Blank]

04082007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0720347 Applied For: [Blank] Not Applicable: [Blank]

5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required: [Blank]

6. Name and Address of Current Registered Agent  
 HARRIS, MICHAEL T  
 1910 VIRGINIA AVE  
 APT 403B  
 FORT MYERS, FL 33901

7. Name and Address of New Registered Agent  
 Name: [Blank]  
 Street Address (P.O. Box Number is Not Acceptable): 2580 ESTERO BLVD # 23  
 City: FT Myers Beach FL Zip Code: 33931

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees [Blank]

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: HARRIS, MICHAEL T STREET ADDRESS: 1910 VIRGINIA AVE APT 403B CITY-ST-ZIP: FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 2580 ESTERO BLVD # 23 CITY-ST-ZIP: Fort Myers Beach FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Michael Harris* 4-9-07 239-826-9653  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #