


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90017 029 \*\*\*150.00

DOCUMENT # P97000001813			
1. Entity Name SENIOR PHOTOGRAPHERS INTERNATIONAL, INC.			
Principal Place of Business 2580 ESTERO BLVD #23 FORT MYERS BEACH, FL 33931 US		Mailing Address 6314 WHISKEY CREEK DR SUITE B FORT MYERS, FL 33919 US	
2. Principal Place of Business - No P.O. Box # 5100 CLEVELAND AVE		3. Mailing Address	
Suite, Apt. #, etc. Ste 318 PMB 340		Suite, Apt. #, etc.	
City & State FORT MYERS FL		City & State	
Zip 33907	Country USA	Zip	Country
6. Name and Address of Current Registered Agent HARRIS, MICHAEL T 2580 ESTERO BLVD #23 FORT MYERS BEACH, FL 33931		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5100 CLEVELAND AVE Ste 318 PMB 340 City FORT MYERS FL Zip Code 33907	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, MICHAEL T 2580 ESTERO BLVD #23 FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5100 CLEVELAND AVE Ste 318 PMB 340 FORT MYERS FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Michael T. Harris</i>		Date: 4-10-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL T. HARRIS		Daytime Phone # (239) 826-9653	