
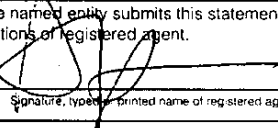



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90247 030 ***150.00

DOCUMENT # P97000003648 1. Entity Name SCOTT PEARSON PHOTOGRAPHY, INC.					
Principal Place of Business 133 INTRACOASTAL CIR TEQUESTA, FL 33469 US			Mailing Address 133 INTRACOASTAL CIR TEQUESTA, FL 33469 US		
2. Principal Place of Business 14410 PALMWOOD DR		3. Mailing Address P O BOX 8799			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL		4. FEI Number 65-0741060	
Zip 33410		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33468		Country US		6. Name and Address of Current Registered Agent PEARSON, DAWN 133 INTRACOASTAL CIR TEQUESTA, FL 33469	
Suite, Apt. #, etc.		7. Name and Address of New Registered Agent Name DAWN PEARSON Street Address (P.O. Box Number is Not Acceptable) 14410 PALMWOOD DR City PALM BEACH GARDENS FL Zip Code 33410			
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST PEARSON, DAWN 133 INTRACOASTAL CIR TEQUESTA, FL 33469	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEARSON, SCOTT 133 INTRACOASTAL CIR TEQUESTA, FL 33469	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEARSON, SCOTT 14410 PALMWOOD DR PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEARSON, SCOTT 14410 PALMWOOD DR PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEARSON, SCOTT 14410 PALMWOOD DR PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEARSON, SCOTT 14410 PALMWOOD DR PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEARSON, SCOTT 14410 PALMWOOD DR PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEARSON, SCOTT 14410 PALMWOOD DR PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DAWN PEARSON MAY 5, 2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50051921



05052005 Chg-P CR2E034 (10/03)