

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90172 024 ***150.00

20055727



04292005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000020613 1. Entity Name PICTURE TRANSFERS, INC.			
Principal Place of Business 1203 LAKE POINTE LANE PLANTATION, FL 33322 US		Mailing Address 1203 LAKE POINTE LANE PLANTATION, FL 33322 US	
2. Principal Place of Business 2170 NW 99 TERRACE Suite, Apt. #, etc.		3. Mailing Address 2170 NW 99 TERRACE Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL Zip 33024 Country USA		City & State HOLLYWOOD, FL Zip 33024 Country USA	
4. FEI Number 65-0837868		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DALEY, PETER J 1203 LAKE POINT LANE FORT LAUDERDALE, FL 33322	
7. Name and Address of New Registered Agent Name PETER J DALEY Street Address (P.O. Box Number is Not Acceptable) 2170 NW 99th TERRACE City HOLLYWOOD FL Zip Code 33024		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 <u>PETER J. DALEY</u> <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, 2005 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 DALEY, PETER J 1802-102 N UNIVERSITY DR., #376 PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER J. DALEY 2170 NW 99 TERRACE HOLLYWOOD, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALEY, FRANCINE 1802-102 N UNIVERSITY DR., #376 PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCINE DALEY 2170 NW 99 TERRACE HOLLYWOOD, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/29/05 (954) 530-9402 <small>Date Daytime Phone #</small>	