

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000100270**

1. Entity Name  
DREAMWORKS PHOTO RETOUCHING, INC.



Principal Place of Business  
1501 NW 10TH STREET  
BOCA RATON, FL 33486 US

Mailing Address  
1501 NW 10TH STREET  
BOCA RATON, FL 33486 US



02042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0797313

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BENEDICT, JOHN  
1501 NW 10TH STREET  
BOCA RATON, FL 33486

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1000000220418  
04/21/05-80035-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BENEDICT, JOHN
STREET ADDRESS	1501 NW 10TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	BENEDICT, SHAWN
STREET ADDRESS	1501 NW 10TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Shawn Benedict* Shawn Benedict 4-19-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #