
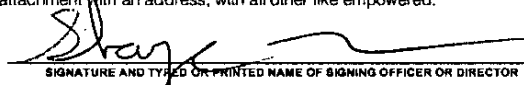


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90015 042 ***150.00

DOCUMENT # P98000032531													
1. Entity Name SHAYNE HENSLEY PHOTOGRAPHIC PRODUCTIONS, INC.													
Principal Place of Business 2610 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064			Mailing Address 2610 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064										
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 36-4232427									
Zip		Country		Zip									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent HENSLEY, WILLIAM S 2610 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> </tr> <tr> <td style="width: 50%; padding: 2px;">FL</td> <td style="width: 50%; padding: 2px;">Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City													
FL	Zip Code												
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)													
Signature, typed or printed name of registered agent and title if applicable.													
DATE _____													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS	DPST		STREET ADDRESS										
CITY-ST-ZIP	HENSELY, WILLIAM S		CITY-ST-ZIP										
CITY-ST-ZIP	2610 NE 20TH AVENUE		CITY-ST-ZIP										
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP										
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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: 			2-17-06										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date										
Daytime Phone #			Daytime Phone #										