04/23/2003 13:48 5616228961 DEWOODY & CO.

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Secretary of State
04-28-2003 91838 007 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062107

1. Entity Name
MICHEL SABOURIN PORTRAIT DESIGN, INC.

Principal Place of Business	Mailing Address
2125 S. US HWY ONE JUPITER, FL 33477	2125 S. US HWY ONE JUPITER, FL 33477

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2119 S. US HWY ONE	2119 S. US HWY ONE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER, FLORIDA	City & State: JUPITER, FLORIDA
Zip: 33477 Country: USA	Zip: 33477 Country: USA

4. FEI Number 65-0850677 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SABOURIN, MICHEL
2125 S. US HWY ONE
JUPITER, FL 33477

7. Name and Address of New Registered Agent
Name: SABOURIN, MICHEL
Street Address (P.O. Box Number is Not Acceptable): 2119 S. US HWY ONE
City: JUPITER FL Zip Code: 33477

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] DATE: 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 SABOURIN, MICHEL 2125 S. US HWY ONE JUPITER, FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2119 S. US HWY ONE	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] MICHEL SABOURIN 4/23/03 (561) 747-3575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)