


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90379 003 \*\*\*150.00

<b>DOCUMENT # P98000083757</b>	
1. Entity Name <b>JACK-N-JILL PHOTOGRAPHY, INC.</b>	

Principal Place of Business <b>2125 BLUE HERON COVE DR ORANGE PARK, FL 32003</b>	Mailing Address <b>2125 BLUE HERON COVE DR ORANGE PARK, FL 32003</b>
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2. Principal Place of Business <b>2636 Country Side Dr</b>	3. Mailing Address <b>2636 Country Side Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04272006 Chg-P CR2E034 (11/05)

City & State <b>ORANGE PARK, FL</b>	City & State <b>ORANGE PARK, FL</b>
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4. FEI Number <b>59-3543715</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32003</b>	Country <b>USA</b>	Zip <b>32003</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>TEDDER, MARY L 2125 BLUE HERON COVE DR ORANGE PARK, FL 32003</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>2636 Country Side Dr</b>	
<b>ORANGE PARK</b>	
City	FL Zip Code <b>32003</b>

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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	

<b>FILE NOW!!! FEE IS: \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>TEDDER, GERALD L 2125 BLUE HERON COVE DR OAKLAND PARK, FL 32003</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>TEDDER, MARY L 2125 BLUE HERON COVE DR OAKLAND PARK, FL 32003</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>OSAOLLA, TAMMY 2125 BLUE HERON COVE DR ORANGE PARK, FL 32003</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2636 Country Side Dr. ORANGE PARK, FL 32003</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2636 Country Side Dr. ORANGE PARK, FL 32003</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>OSAOLLA, TAMMY 2636 Country Side Dr. ORANGE PARK, FL 32003</b>
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"/> Change <input type="checkbox"/> Addition
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 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: <u><i>Mary L Tedder</i></u>	Date: <u>4-29-06</u>	Daytime Phone #: <u>904-880-3030</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		