2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 07, 2007 8:00 am Secretary of State **DOCUMENT # P98000083757** 05-07-2007 90063 029 ***158.75 1. Entity Name JACK-N-JILL PHOTOGRAPHY, INC. Principal Place of Business Mailing Address 2636 COUNTRYSIDE DRIVE 2636 COUNTRYSIDE DRIVE ORANGE PARK, FL 32003 US ORANGE PARK, FL 32003 US NEW Place of Business - No P.O. Box # Lane 3. Mailing Address 04202007 CR2E034 (12/06) City & State 4. FEI Number Applied For 59-3543715 Not Applicable Country [al/ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TEDDER, MARY L 2636 COUNTRYSIDE DRIVE ORANGE PARK, FL 32003 City <u> 32</u>003 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 agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VD TITLE Delete TITLE (La Change NAME TEDDER, GERALD L NAME STREET ADDRESS 2636 COUNTRYSIDE DRIVE STREET ADDRESS City-ST-ZiP ORANGE PARK, FL 32003 CiTY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Addition NAME TEDDER, MARY L NAME ma Jestic View Lam STREET ADDRESS 2636 COUNTRYSIDE DRIVE STREET ADDRESS ORange PORK Fl. 32603 CITY - ST-ZIP OAKLAND PARK, FL 32003 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME OSAOLLA, TAMMY NAME STREET ADDRESS 2636 COUNTRYSIDE DRIVE STREET ADDRESS 64 MaJestc ORANGE PARK, FL 32003 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OFFICER OR DIRECTOR

Daytime Phone #