


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90009 006 \*\*\*150.00

<b>DOCUMENT # P98000103717</b> 1. Entity Name WHOLESALE PICTURE WAREHOUSE, INC.	
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Principal Place of Business 5353 ROMONA BLVD., UNIT #5 JACKSONVILLE, FL 32205	Mailing Address 5353 ROMONA BLVD., UNIT #5 JACKSONVILLE, FL 32205
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40034571



2. Principal Place of Business - No P.O. Box # 2828 States St. Suite, Apt. #, etc. #115 City & State Lakeland FL Zip 33803 Country	3. Mailing Address 2828 States St. Suite, Apt. #, etc. #115 City & State Lakeland FL Zip 33803 Country
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02192008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3553245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BALLARO, RUSSELL 5353 ROMONA BLVD., UNIT #5 JACKSONVILLE, FL 32205	7. Name and Address of New Registered Agent Name Ballaro, Russell Street Address (P.O. Box Number is Not Acceptable) 2828 States St. #115 City Lakeland FL Zip Code 33803
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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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing / Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALLARO, RUSSELL 9414 JOLARU DR JAX, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ballaro, Russell 2828 States St. #115 Lakeland FL 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Russell Ballaro pre 2-26-08 8636672580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #