## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT FILED** Feb 04, 2008 08:00 AN **DOCUMENT # P99000027263** 1. Entity Name **Secretary of State** FOTO, INCORPORATED Principal Place of Business Mailing Address 3215 PICKFAIR ST 3215 PICKFAIR ST ORLANDO, FL 32803 US ORLANDO, FL 32803 US 01232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3604858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DELL'OLIO, DAVID DO NOT WRITE 3215 PICKFAIR ST ORLANDO, FL 32803 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITL F NAME DELL'OLIO, DAVID STREET ADDRESS 3215 PICKFAIR ST CITY-ST-7IP ORLANDO, FL 32803 U000000812675 02/12/08-80058-025 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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, min-all other like empowered.

SIGNATI IDE:

CITY-ST-ZIP

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1/22/08

407-228-4613