


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # V15970</b> 1. Entity Name SUNSET PHOTOGRAPHY OF TAMPA BAY, INC.	
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FILED

06 JUL 19 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 1503 DIEHL DR VALRICO, FL 33594-4403 US	Mailing Address 1503 DIEHL DR VALRICO, FL 33594-4403 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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06202006 Chg-P CR2E034 (11/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3107828	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  GAUTHIER, JOHN 1503 DIEHL DR VALRICO, FL 33594	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

**Amended AR is \$61.25**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAUTHIER, JOHN			NAME			
STREET ADDRESS	1503 DIEHL DR			STREET ADDRESS			
CITY-ST-ZIP	VALRICO, FL			CITY-ST-ZIP			
TITLE	DST	<input checked="" type="checkbox"/> Delete		TITLE			
NAME	GAUTHIER, RUTH A.			NAME			
STREET ADDRESS	1503 DIEHL DR			STREET ADDRESS			
CITY-ST-ZIP	VALRICO, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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07/21/06 01000 000 \*\*\*01.25

JC 7/19

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: Angus J. Gauthier, Jr. Date: 6/22/06 Daytime Phone #: 813-600-1788

ANGUS J. GAUTHIER, JR.