


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 312
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000004737
 1. Entity Name
 FACTUAL PHOTO, INC.



Principal Place of Business
 1701 QUINCY AVE STE 3
 NAPERVILLE, IL 60540

Mailing Address
 931 WEST 75TH STREET, SUITE 137
 NAPERVILLE, IL 60565

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
 36-3935859

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

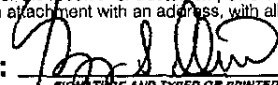
10. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	OLIVER, GEORGE S
STREET ADDRESS	1701 QUINCY AVE., STE 3
CITY - ST - ZIP	NAPERVILLE, IL 60540
TITLE	CD
NAME	OLIVER, GEORGE S
STREET ADDRESS	1701 QUINCY AVE., STE 3
CITY - ST - ZIP	NAPERVILLE, IL 60540
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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UNIQUE ID: 03/21/05-80023-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  GEORGE S. OLIVER 2/9/05 630-416-9020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #