2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 20, 2004 8:00 am Secretary of State DOCUMENT # F60502 01-20-2004 90055 028 ***150.00 1. Entity Name PRINTER'S PLUS, INC. Principal Place of Business Mailing Address 215 SOUTH MYRTLE AVE. 215 SOUTH MYRTLE AVE. CLEARWATER, FL 34616 CLEARWATER, FL 34616 CR2E034 (10/03) 01132004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2145419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADLER, ALAN B DO NOT WRITE 215 S MYRTLE AVENUE CLEARWATER, FL 33756 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ADLER, ALAN B. NAME STREET ADDRESS 215 SOUTH MYRTLE AVE. CLEARWATER, FL CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED