

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28447

**FILED
Mar 14, 2007
Secretary of State**

Entity Name: OUTPOST PRINTING CORPORATION

Current Principal Place of Business:

7951 WEST 26TH AVE
HIALEAH, FL 330162729 US

New Principal Place of Business:

Current Mailing Address:

7951 WEST 26TH AVE
HIALEAH, FL 330162729 US

New Mailing Address:

FEI Number: 59-2323200 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SWINK, WILLIAM J., JR.
2915 SOUTHWEST 13TH ST.
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: MCAULIFFE, THOMAS F., ,III
Address: 2032 NW 164 AVE
City-St-Zip: PEMBROKE PINES, FL 330281710 US

Title: VTSD () Delete
Name: MCAULIFFE, PATRICIA, H.
Address: 2032 NW 164 AVE
City-St-Zip: PEMBROKE PINES, FL 330281710 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA H. MCAULIFFE

VTSD

03/14/2007

Electronic Signature of Signing Officer or Director

_____ Date