2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 24, 2008 08:00 AN Secretary of State

DOCUMENT # P00000029120 1. Entity Name COUPON GRAPHICS, INC.		
Principal Place of Business 6710 WINKLER ROAD SUITE 5 FORT MYERS, FL 33919	Mailing Address 6710 WINKLER ROAD SUITE 5 US FORT MYERS, FL 33919	US



04172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0997615 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANDLIN, CAROLE DO NOT WRITE 6710 WINKLER ROAD SUITE 5 IN THIS SPACE FORT MYERS, FL 33919 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 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSD TITLE MCQUINN, RONALD NAME STREET ADDRESS 6710 WINKLER ROAD, SUITE 5 FORT MYERS, FL 33919 CITY-ST-ZIP TITLE U00000917775 05/13/08-80054-022 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP

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 v

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OF