


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P02000059300
 1. Entity Name
THE PRINT CONNECTION INC.



Principal Place of Business 4606 CLYDE MORRIS BLVD 2H PORT ORANGE, FL 32129	Mailing Address 4606 CLYDE MORRIS BLVD 2H PORT ORANGE, FL 32129
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0615308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WAGNER, VICKI L.
 4606 CLYDE MORRIS BLVD STE 2H
 PORT ORANGE, FL 32129**

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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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP WAGNER, VICKI L 319 SEA HAWK CT EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENNETT, JOANN R 3116 KUMQUAT DR EDGEWATER, FL 32141
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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: *Vicki L Wagner* Vicki L Wagner *4-5-07* *386-756-4430*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #