


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000134328 1. Entity Name PRINTNTIME, INC.	
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Principal Place of Business 5544 58TH STREET, NORTH ST. PETERSBURG, FL 33709	Mailing Address 5544 58TH STREET, NORTH ST. PETERSBURG, FL 33709
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01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2195055	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 DELUCIA, JOSEPH W 5333 78TH ST. NORTH ST. PETERSBURG, FL 33709

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 _____
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELUCIA, GENEVIEVE 5890 38TH AVE. NORTH #305A ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/20/07-80089-002 150.00

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: *Genevieve De Lucia* 4/9/07 727-545-5199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #