


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

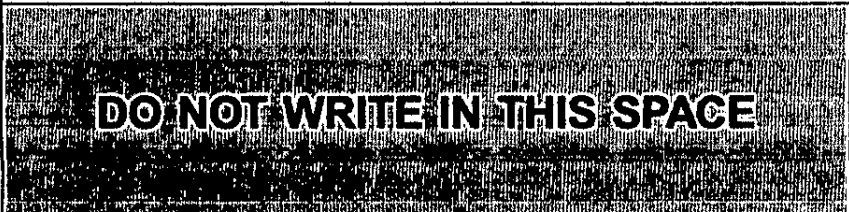
**DOCUMENT # P99000002985**

1. Entity Name  
**PAD PRINTING TECHNOLOGY CORP.**



Principal Place of Business  
**2803 62ND AVE E  
BRADENTON, FL 34203**

Mailing Address  
**2803 62ND AVE E  
BRADENTON, FL 34203**



04052007 No Chg-P CR2E034 (11/05)

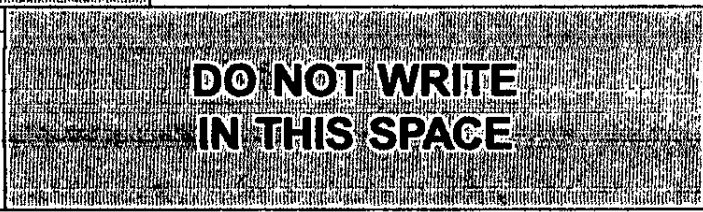
4. FEI Number  
**65-0888905**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEVITT, SANDY  
2201 RINGLING BLVD., S-203  
SARASOTA, FL 34237**



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.

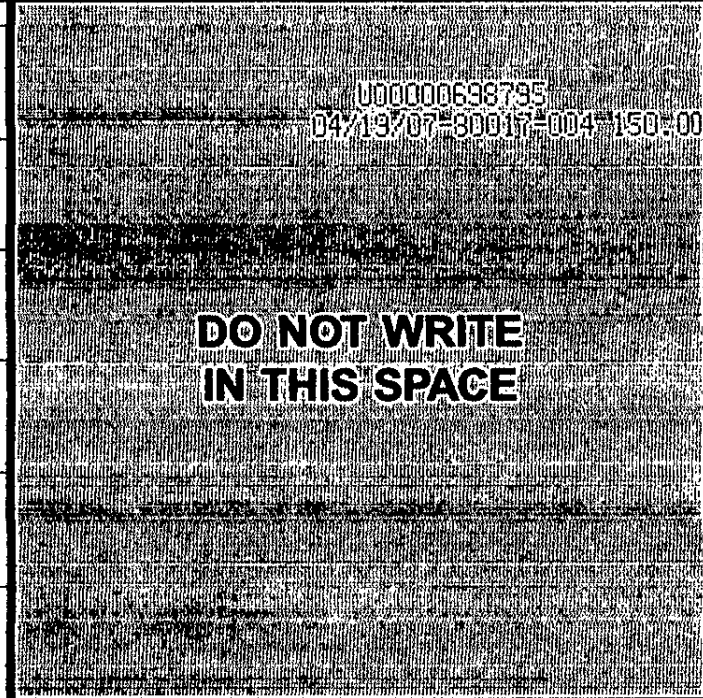
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D
NAME	SCHULER, ROBERT D
STREET ADDRESS	2803 62ND AVE E.
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	D
NAME	SCHULER, EILEEN
STREET ADDRESS	2803 62ND AVE E.
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 with an address, with all other like empowered.

SIGNATURE: *Eileen Schuler* **EILEEN SCHULER** 04/04/07 941-739-8667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #