

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004514

FILED
Apr 04, 2006
Secretary of State

Entity Name: COMMUNICATION GRAPHICS, INC.

Current Principal Place of Business:

1765 N. JUNIPER AVE.
BROKEN ARROW, OK 740121455

New Principal Place of Business:

Current Mailing Address:

1765 N. JUNIPER AVE.
BROKEN ARROW, OK 740121455

New Mailing Address:

FEI Number: 73-0950474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRANCE, RICK
805 HARBOUR ILSES COURT
PALM BEACH GARDENS, FL 33410 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: CD () Delete
Name: LAWRANCE, RICHARD
Address: 1765 N JUNIPER AVE
City-St-Zip: BROKEN ARROW, OK 74012

Title: VD () Delete
Name: ALBRIGHT, DONNA
Address: 1765 N JUNIPER AVE
City-St-Zip: BROKEN ARROW, OK 74012

Title: SD () Delete
Name: NELLIS, MARC
Address: 1765 N JUNIPER AVE
City-St-Zip: BROKEN ARROW, OK 74012

Title: PD () Delete
Name: CLEVELAND, DAVID
Address: 1765 N JUNIPER AVE
City-St-Zip: BROKEN ARROW, OK 74012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARC W NELLIS

SD

04/04/2006

Electronic Signature of Signing Officer or Director

Date