

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 203533

FILED
Apr 27, 2006
Secretary of State

Entity Name: TYPOGRAPHICAL SERVICE INC

Current Principal Place of Business:

3250 STIRLING ROAD
SUITE 2
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

2793 N.E. 5 STREET
POMPANO BEACH, FL 33062 US

Current Mailing Address:

3250 STIRLING ROAD
SUITE 2
HOLLYWOOD, FL 33021 US

New Mailing Address:

2793 N.E. 5 STREET
POMPANO BEACH, FL 33062 US

FEI Number: 59-0833767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, RAYMOND J.
707 S.E. 3RD ST.
FT. LAUDERDALE, FL 33309 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: ST () Delete
Name: POWERS, JOHN
Address: 2793 N.E. 5TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete
Name: POWERS, JOHN J
Address: 2793 N.E. 5TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN POWERS

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date