
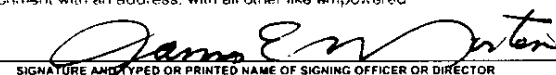


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90083 002 \*\*\*150.00

<b>DOCUMENT # 294560</b> 1. Entity Name <b>INTERPRINT INCORPORATED</b>					
Principal Place of Business 12350 US HIGHWAY 19 N CLEARWATER, FL 33764 US			Mailing Address 12350 US HWY 19 NO CLEARWATER, FL 33764 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01222007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FFI Number <b>59-0871253</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MORTEN, JAMES E.</b> <b>15462 GULF BLVD</b> <b>#906</b> <b>MADERIA BEACH, FL 33708</b>			7. Name and Address of New Registered Agent Name <b>JAMES E. MORTEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7830 CHEYENNE DR</b> City <b>SEMINOLE</b> FL Zip Code <b>33777</b>		
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 <b>1/22/07</b> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reconstituted)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SPDC MORTEN, JAMES E 15462 GULF BLVD, #906 MADERIA BCH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>7830 CHEYENNE DR</b> <b>SEMINOLE, FL 33777</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDV MORTEN, SCOTT J 13328 93RD AVE. NO SEMINOLE, FL 33776	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MORTEN, JAMES A 8567 PARKWOOD BLVD., #. SEMINOLE, FL 34647	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				DATE <b>1/22/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				TELEPHONE <b>727-521-8957</b>	