


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 318259 1. Entity Name ALLIED PRINTING, INC.	
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Principal Place of Business 7403 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256 US	Mailing Address 7403 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256 US
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07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1170907	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

**THOMAS, DORSEY B.
7403 PHILLIPS HWY.
JACKSONVILLE, FL 32256**

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 \$550.00 Due by September 6, 2006	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	DPS THOMAS, DORSEY B. 4658 AVON LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MULLER, RICHARD W. 11645 FALLING LEAF TRAIL JACKSONVILLE, FL
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08/04/06-80010-009 550.00

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: Dorsey B. Thomas Dorsey B. Thomas 7/14/06 904/296-9252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #