


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 342015 1. Entity Name KAR PRINTING, INC.	
---	---

Principal Place of Business 7990 SECOND FLAGS DRIVE AUSTELL, GA 30168	Mailing Address 7990 SECOND FLAGS DRIVE AUSTELL, GA 30168
---	---



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1298858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEVY, SCOTT 13930 NW 60TH AVE MIAMI LAKES, FL 33014	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 \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCLOSKEY, THOMAS 13930 NW 60 AVE MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS LEVY, SIDNEY 13930 NW 60TH AVE MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVY, SCOTT 13930 NW 60 AVE MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000569336
07/11/06-80021-016 150.00

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: *Thom McCloskey* **07/06/06** **678-303-1893**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #