## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2007 08:00 AM Secretary of State

| ANNUAL REPORT  |                   |    |  |  |  |  |
|--|-------------------|----|--|--|--|--|
| DOCUMENT # 377240  1. Entity Name UNTITLED PRESS, INC. | )                 | •  |  |  |  |  |
| Principal Place of Business                            | Mailing Address   |    |  |  |  |  |
| LAIKA LANE   | P.O. BOX 54       |    |  |  |  |  |
| CAPTIVA, FL 33924                                      | CAPTIVA, FL 33924 | US |  |  |  |  |
|  |                   |    |  |  |  |  |



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05)

| 4. FEI Number                    |        | Applied For    |
|----------------------------------|--------|----------------|
| 59-1466448                       |        | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 | Additional     |

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105
TALLAHASSEE, FL 32301

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01032007

| SIGNATURE   |   |   |                          |                            |   |  |  |  |
|---|---|---|--------------------------|----------------------------|---|--|--|--|
|   | Signature, typed or printed name of registered agent and little | f applicable (NOTE: Registered  | niupes enutangus InagA t | ed when reinstating)       | DATE                                      |  |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00     | <ol><li>Election Campaign Finan-<br/>Trust Fund Contribution.</li></ol> |                          | 5.00 May Be<br>ded to Fees |   |  |  |  |
| 10.   | OFFICERS AND DIREC  | CTORS   |                          | ,                          |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>RAUSCHENBERG, ROBERT<br>LAIKA LANE<br>CAPTIVA, FL          |   |                          |                            |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | S<br>JEFFRIES, BRADLEY<br>1039 BEACH RD., #101<br>SANIBEL,, FL  |   |                          |                            | U00000657589<br>03/15/07-80003-016 150.00 |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>POTTORF, DARRYL<br>11520 LAIKA LANE<br>CAPTIVA, FL         |   |                          | DO                         | NOT WRITE                                 |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                          | IN T                       | THIS SPACE                                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                          |                            |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | ,,                       |                            |   |  |  |  |
| 12. I hereby certify that the information supplied with this filling 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. |   |   |                          |                            |   |  |  |  |

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