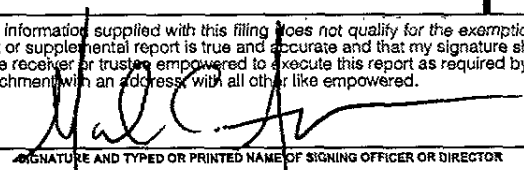


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 454691 1. Entity Name PRINT FILE, INC.		
Principal Place of Business P.O.BOX 607638 ORLANDO, FL 32860-7638	Mailing Address P.O.BOX 607638 ORLANDO, FL 32860-7638	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AMAT, MARK C 1846 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703		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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DATE 02/03/06-80012-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AMAT, HENRY W 8755 THE ESPLANADE, #126 ORLANDO, FL 32836	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WHITE, JEAN 187 BRITTANY LANE WARRENTON, VA 20186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMAT, MARK C 7811 CANYON LAKE CIRCLE ORLANDO, FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-24-06 407-886-3100 Date Daytime Phone #