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	Mailing Address
P.O.BOX 607638 ORLANDO, FL 32860-7638	P.O.BOX 607638 ORLANDO, FL 32860-7638

DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
54-0835591
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMAT, MARK C
1846 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

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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
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

000004025 40
02/03/06-80012-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	AMAT, HENRY W
STREET ADDRESS	8755 THE ESPLANADE, #126
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	C
NAME	WHITE, JEAN
STREET ADDRESS	187 BRITTANY LANE
CITY-ST-ZIP	WARRENTON, VA 20186
TITLE	V
NAME	AMAT, MARK C
STREET ADDRESS	7811 CANYON LAKE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-24-06 407-886-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #