


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 AUG 31 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F02000001367</b> 1. Entity Name <b>MYOFFICEPRODUCTS, INC.</b>					
Principal Place of Business <b>111 WESTWOOD PLACE SUITE 305 BRENTWOOD, TN 37027</b>			Mailing Address <b>111 WESTWOOD PLACE SUITE 305 BRENTWOOD, TN 37027</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>75-3018060</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROLFE, ROBERT O <input type="checkbox"/> Delete 111 WESTWOOD PLACE, SUITE 305 BRENTWOOD, TN 37027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>200079522762</b>  <b>09/06/06--01037--011 **550.00</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PRES</del> BURCH, JOHN R JR. <input type="checkbox"/> Delete 111 WESTWOOD PLACE, SUITE 305 BRENTWOOD, TN 37027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice - chairman + Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SO</del> JOHNSON, EARLIS JR. <input type="checkbox"/> Delete 111 WESTWOOD PLACE, SUITE 305 BRENTWOOD, TN 37027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, CLIFTON B <input type="checkbox"/> Delete 111 WESTWOOD PLACE, SUITE 305 BRENTWOOD, TN 37027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDELIER, RONALD E <input type="checkbox"/> Delete 111 WESTWOOD PLACE, SUITE 305 BRENTWOOD, TN 37027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 8/31/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC <input checked="" type="checkbox"/> Delete MILLER, LAWTON 111 WESTWOOD PLACE, SUITE 305 BRENTWOOD, TN 37027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Frisk 111 Westwood Place, Suite 305 Brentwood, TN 37027	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>7/28/06</b> Daytime Phone: <b>615-507-3885</b>		