2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2006 8:00 am Secretary of State **DOCUMENT # F66088** 04-10-2006 90301 019 ***150.00 1. Entity Name FREY PRINTING COMPANY, INC. Principal Place of Business Mailing Address 60026329 8414 NEBRASKA AVE. 8414 NEBRASKA AVE. TAMPA, FL 33604 TAMPA, FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01122006 Chg-P Applied For City & State 4. FEI Number City & State 59-2160005 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Fred I. Gilbertson GILBERTSON, LINDA Street Address (P.O. Box Number is Not Acceptable) 8414 NEBRASKA AVE 8414 Nebraska Avenue TAMPA, FL 33602-0406 Tampa 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. Fred I. Gilbertson PD 4/5/06 SIGNATURE Z ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition XX-Delete TITLE TITLE GILBERTSON, LINDA NAME NAME STREET ADDRESS STREET ADDRESS 6915 OLA AVE. CiTY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP ☐ Addition Д Change XDelete TITLE ÞD TITLE GILBERTSON, FRED NAME NAME Gilbertson, Fred I. STREET ADDRESS STREET ADDRESS 6915 OLA AVE. 6915 N. Ola Avenue CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP Fampa, Fl. 33604 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Wary Fred I. Gilbertson
ME OF SIGNING OFFICER OR DIRECTOR

FILED

(813) 933-3995