2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

DOCUMENT # F68530 1. Entity Name CORPORATE TELEPRINTER SERVICE, INC.				Secr	etary of State	
Principal Place 8763 S.W. 12 MIAMI, FL 33	29TH STREET	Mailing Address 8763 S.W. 1297H STREET MIAMI, FL 33176				
	O NOT WRITE	IN THIS SPA	^E	04302005 No		R2E034 (10/03)
			~ / has	4. FEI Number 59-2230773 5. Certificate of Stal		Applied For Not Applicable \$8.75 Additional Fee Required
GLASSFO 13410 SW MIAMI, FL		egistered Agent		Kathqahay bili bili bila	OT WR IS SPA	
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 shift the if applicable. PACTE: Registered Agent Sphature registered when resistating? DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Compaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITH, WILLIAM L 120 36TH CT SW VERO BEACH, FL 32968	TRECTORS			V000003S	96 07
TITLE NAME STREET ADDRESS CITY-ST-ZIP					i/03/05 - 80	073-024 150,00
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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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplierrental 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 of 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 or powered.						

CLASS LAND TYPED OR PRINTED HAND OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: