


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90173 031 ***150.00

DOCUMENT # F94000005534 1. Entity Name PRINTS PLUS, INC.					
Principal Place of Business 2300 CLAYTON RD., SUITE 1150 CONCORD, CA 94520			Mailing Address 2300 CLAYTON RD., SUITE 1150 CONCORD, CA 94520		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ISAAK, RUSS		NAME	Rick Lamb	
STREET ADDRESS	1706 WASHINGTON AVENUE		STREET ADDRESS	2300 Clayton Rd. Ste 1150	
CITY-ST-ZIP	SAINT LOUIS, MO 63103		CITY-ST-ZIP	Concord, CA 94520	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERSON, DAVE		NAME		
STREET ADDRESS	1706 WASHINGTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63103		CITY-ST-ZIP		
TITLE	PCEO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UPLAND, THEODORE R		NAME		
STREET ADDRESS	2300 CLAYTON RD., SUITE 1150		STREET ADDRESS		
CITY-ST-ZIP	CONCORD, CA 94520		CITY-ST-ZIP		
TITLE	AS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULTS, MICHAEL		NAME		
STREET ADDRESS	2300 CLAYTON RD., SUITE 1150		STREET ADDRESS		
CITY-ST-ZIP	CONCORD, CA 94520		CITY-ST-ZIP		
TITLE	Rick Lamb <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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 exemption stated in Section 119.07(3)(i), 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: *Rick Lamb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #