2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004697

Entity Name: SPECIALTY GRAPHIC TECHNOLOGIES, INC.

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
8506 ADAMO DR STE 100/200				3471 ATLANTA INDUSTRIAL PARKWAY STE 100				
TAMPA, FI		3		ATLANTA,	GA 30331	US		
Current Mailing Address:				New Mailing Address:				
PO BOX 89154 TAMPA, FL 336890402 US				3471 ATLANTA INDUSTRIAL PARKWAY				
				STE ATLANTA, FL 30331 US				
FEI Number:	58-0813042	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certifica	te of Status Desired ()	
Name and	Address of C	Name and Address of New Registered Agent:						
	CARL A VENUE EAST D, FL 34221	US						
	named entity s of Florida.	submits this statement for the pur	pose o	f changing it	s registered	office or re	egistered agent, or both,	
SIGNATUF	RE:							
Electronic Signature of Registered Agent					Date			
Election Can	npaign Financing	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () STORCH, CARL 306 9TH AVENU PALMETTO, FL	JE EAST		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	S () STORCH, LINDA 308 MILL PONE ROSWELL, GA) RD		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	CD () STORCH, HURO 308 MILL PONE ROSWELL, GA) RD		Title: Name: Address: City-St-Zip:	CD (X STORCH, HEF 308 MILL PON ROSWELL, G	ID RD	() Addition	
Title: Name: Address: City-St-Zip:	VD () WILLIAMS, MAR 5814 CROOK C NORCROSS, G	RSHALL REEK		Title: Name: Address: City-St-Zip:	VD (X WILLIAMS, MA 5814 CROOKI NORCROSS, G	ED CREEK	() Addition	
Title: Name: Address: City-St-Zip:	CFO () STORCH, CARL 306 9TH AVENU PALMETTO, FL	JE EAST		Title: Name: Address: City-St-Zip:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL STORCH PRES 04/02/2007