

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H40282 (6)**

1. Corporation Name
HUNTER PRINT-MAKING STUDIO, INC.



Principal Place of Business	Mailing Address
% EDWARD G. DELUDE 103 E. LAUREN COURT FERN PARK FL 32730	% EDWARD G. DELUDE 103 E. LAUREN COURT FERN PARK FL 32730

3. Date Incorporated or Qualified 01/30/1985	3a. Date of Last Report 04/25/1995
4. FEI Number 59-2501690	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2142 LAKE DRIVE Suite, Apt. #, etc.	26 c/o Philip A. Caslin Suite, Apt. #, etc.
22 WINTER PARK FL City & State	27 345 E. SR 486 Ste 101 City & State
23 32789 Zip	28 FERN PARK FL City & State
24 France Country	29 32730 Zip
	30 SEMINOLE Country

9. Name and Address of Current Registered Agent

**DELUDE, EDWARD G.
103 E. LAUREN COURT
FERN PARK FL 32730**

10. Name and Address of New Registered Agent

81 Name PHILIP A. CASLIN
82 Street Address (P.O. Box Number is Not Acceptable) 345 E. SR 486 S
83 Suite 101
84 City FERN PARK
85 Zip Code FL 32730

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Philip A. Caslin** **4/24/06** DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HUNTER, BRIAN	
STREET ADDRESS	2142 LAKE DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUNTER, CHRISTINE	
STREET ADDRESS	2142 LAKE DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUNTER, DAVID V.	
STREET ADDRESS	2142 LAKE DRIVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **David Hunter** **4/20/06** DATE

CR2E034 (12/95)